

CDOS Case Log - Initial Application for Examination

Name: _____ JCAHPO ID# _____

Sponsor's Endorsement: "I attest that _____ has performed B-Scan examinations in a satisfactory manner. He/she has met all quality and standard expectations.

State or Province _____ My License Number _____

Physician's Signature _____ Date _____

Please note your case log of 20 abnormal ophthalmic B-Scan examinations, performed within 12 months prior to submitting your application below:

At least five different pathologies must be listed. It is not necessary to submit the images.

| | Description of B-Scan Examination | Type of Pathology | Date | Sponsor's Signature |
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