


Optometry (N)

Core Privileges

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
 Comprehensive evaluation of the eye and its adnexa, diagnosis, and treatment of visual disorders and anomalies to include all age-specific groups	<input checked="" type="radio"/>	<input type="radio"/>
 General and ophthalmic medical history	<input checked="" type="radio"/>	<input type="radio"/>
 Visual acuity evaluation	<input checked="" type="radio"/>	<input type="radio"/>
 Lensometry	<input checked="" type="radio"/>	<input type="radio"/>
 Measurements, e.g., pupillary distance, near point of convergence, exophthalmos, and accommodation	<input checked="" type="radio"/>	<input type="radio"/>
 Ocular motility evaluations	<input checked="" type="radio"/>	<input type="radio"/>
 Stereopsis and depth perception evaluation	<input checked="" type="radio"/>	<input type="radio"/>
 Evaluation of pupillary reflexes	<input checked="" type="radio"/>	<input type="radio"/>
 Color vision assessment	<input checked="" type="radio"/>	<input type="radio"/>
 Evaluation of binocular function	<input checked="" type="radio"/>	<input type="radio"/>
 Prescribing orthoptic techniques for binocular vision disorders	<input checked="" type="radio"/>	<input type="radio"/>
 Low vision evaluation and prescription of low vision devices	<input checked="" type="radio"/>	<input type="radio"/>
 Spectacle prescribing	<input checked="" type="radio"/>	<input type="radio"/>
 Contact lens fitting, prescription, followup care and modifications	<input checked="" type="radio"/>	<input type="radio"/>
 Pupil dilation	<input checked="" type="radio"/>	<input type="radio"/>
 Examination of the eye using slit lamp biomicroscopy and gonioscopes	<input checked="" type="radio"/>	<input type="radio"/>
 Fundus examination of the peripheral retina using indirect ophthalmoscopy (with scleral depression when necessary) and fundus lenses	<input checked="" type="radio"/>	<input type="radio"/>
 Diagnosis, treatment with topically applied medications, and management of diseases and conditions of the eye and adnexa (excluding the treatment of glaucoma which is covered under supplemental privileges)	<input checked="" type="radio"/>	<input type="radio"/>
 Eye irrigation	<input checked="" type="radio"/>	<input type="radio"/>
 Removal of nonpenetrating foreign bodies on the cornea or conjunctiva, including the use of topical anesthetic agents when necessary	<input checked="" type="radio"/>	<input type="radio"/>
 Conduct and interpret visual field tests	<input checked="" type="radio"/>	<input type="radio"/>
 Electrophysiological test interpretation	<input checked="" type="radio"/>	<input type="radio"/>
 Order laboratory tests appropriate to the practice of optometry	<input checked="" type="radio"/>	<input type="radio"/>
 Order imagery and radiological studies appropriate to the practice of optometry	<input checked="" type="radio"/>	<input type="radio"/>
 Fundus photography	<input checked="" type="radio"/>	<input type="radio"/>
 Measurement and evaluation of ocular tissue metrics (all non-invasive external measurements of ocular tissue and adnexa such as keratometry, pachymetry, topography, wavefront aberrometry, A/B ultrasonography)	<input checked="" type="radio"/>	<input type="radio"/>
 Refractions, manifest and cycloplegic	<input checked="" type="radio"/>	<input type="radio"/>
 Tonometry, contact and non contact	<input checked="" type="radio"/>	<input type="radio"/>


Supplemental Privileges

<u>Privilege(s)</u>	<u>Supported</u>	<u>Not Supported</u>
 Developmental and perceptual vision screening	<input type="radio"/>	<input checked="" type="radio"/>
 Tonography	<input type="radio"/>	<input checked="" type="radio"/>