



CDOSsm Case Log
Initial Application for Examination

Name: _____ JCAHPO ID#: _____

Sponsor's Endorsement: "I attest that _____ has provided 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 10 abnormal ophthalmic B-Scan examinations, performed within 12 months prior to submitting your application below:

At least two 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
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				