



MISSISSIPPI STATE BOARD OF OPTOMETRY

EQUIPMENT REQUIREMENTS FOR PRACTICE LOCATION

Optometrist's Name _____ License Number _____

Practice Location ☐ Fixed ☐ Branch ☐ Abode

Practice Street Address _____

City _____ State _____ Zip Code _____

Phone Number: _____ Email Address: _____

Rule 9.2 Standards for Office. Each optometrist must have the equipment to practice to the current standard of care to include but not limited to the following. **Please check the availability of said equipment at each of your practice locations.**

- | | |
|---|---|
| <input type="checkbox"/> Ophthalmoscope | <input type="checkbox"/> Retinoscope |
| <input type="checkbox"/> Ophthalmometer or Keratometer | <input type="checkbox"/> Refractor (or a trial frame with trial case) |
| <input type="checkbox"/> Auxiliary prisms and lenses | <input type="checkbox"/> Pseudoisochromatic charts for color vision |
| <input type="checkbox"/> Tangent screen or perimeter | <input type="checkbox"/> Tonometer |
| <input type="checkbox"/> Biomicroscope (slit lamp) | |
| <input type="checkbox"/> Test objects of stereopsis and fusion charts for distance and near visual acuity | |

Further, Rule 9.2 provides that if a person desiring optometric services informs an optometrist that by reason of sickness or other cause they are confined to their place of abode, said optometrist may make said examination at the place of abode of said person. Provided, further, that said optometrist must have available at said place of abode for said examination the following minimum equipment, to include but not limited to:

- | | |
|---|---|
| <input type="checkbox"/> Ophthalmoscope | <input type="checkbox"/> Retinoscope |
| <input type="checkbox"/> A suitable astigmatic test | <input type="checkbox"/> A reliable trial frame |
| <input type="checkbox"/> Lenses adequate for determining proper diagnosis | |

Note: Floor plans are required in accordance with MCA §73-19-23(2)(q); Rule 5.5; 8.15; 9.5; and 12.3.D

I, _____ confirm that the information contained herein is true and accurate.
(printed name)

I further understand that ownership of all prescription files, patient records and business records shall not be shared by any individual or entity other than said optometrist, the Mississippi State Board of Pharmacy or the Mississippi Medical Association as provided in MCA §73-19-103; and

Further, I agree to comply with the requirements of *Miss. Code Ann.* §73-19-1 et seq., and subsequent Rules and Regulations, specifically Chapter 8 - Professional Responsibility and Chapter 9 - Standards; and

Further, every such examination must be made in an optometric office, and in a room of such office used exclusively for the practice of optometry.

Signature _____ Date _____