OCOS General Meeting & Membership Drive

Tuesday
October 14
6:30-9:30 pm
@ Andrei's Restaurant,
Irvine

FREE for OCOS ODs who bring Non-Member OD
$45 COA members | $65 Non-COA or At the Door

2 Hours of CE
Diane Kersten, MD: Interesting Case Presentations
John Novanesian, MD: Making Patients Ecstatic With Cataract Surgery Results
Savak Teymoorian, MD: New Approach to Treating Glaucoma
Brian Kim, MD: Wide-field Retinal Imaging
Dear OCOS Colleagues,

Fall is here and we are in the membership awareness season. On Tuesday, October 14th we celebrate our Membership Drive CE dinner where if you bring in a non-COA member, your CE fees are complimentary. The strength of our association is dependent on YOU the members so I thank you for continuing to support OCOS and COA so we can have representation at the legislative table.

I’d like to congratulate the following members on their membership:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Designation</th>
<th>Years</th>
<th>Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diane Marie</td>
<td>Almanza</td>
<td>OD</td>
<td>10</td>
<td>OCOS</td>
</tr>
<tr>
<td>Raman</td>
<td>Bhakhri</td>
<td>OD</td>
<td>10</td>
<td>OCOS</td>
</tr>
<tr>
<td>Kimberly</td>
<td>Hauser</td>
<td>OD</td>
<td>10</td>
<td>OCOS</td>
</tr>
<tr>
<td>Danny</td>
<td>Ngo</td>
<td>OD</td>
<td>10</td>
<td>OCOS</td>
</tr>
<tr>
<td>Reena</td>
<td>Patel</td>
<td>OD</td>
<td>10</td>
<td>OCOS</td>
</tr>
<tr>
<td>Timothy</td>
<td>Edrington</td>
<td>OD</td>
<td>25</td>
<td>OCOS</td>
</tr>
<tr>
<td>Stanley</td>
<td>Woo</td>
<td>OD</td>
<td>25</td>
<td>OCOS</td>
</tr>
<tr>
<td>Michael</td>
<td>Spitzer</td>
<td>OD</td>
<td>40</td>
<td>OCOS</td>
</tr>
<tr>
<td>Sanford</td>
<td>Koyama</td>
<td>OD</td>
<td>50</td>
<td>OCOS</td>
</tr>
<tr>
<td>David Tadao</td>
<td>Wakabayashi</td>
<td>OD</td>
<td>50</td>
<td>OCOS</td>
</tr>
<tr>
<td>Douglas</td>
<td>Williams</td>
<td>OD</td>
<td>50</td>
<td>OCOS</td>
</tr>
</tbody>
</table>

AOA will be recognizing your membership with a service award plaque for your years of patronage. Thank you on behalf of OCOS for your contributions!

As you may have heard, SB 492 has been passed over this legislation season due to the change in language that occurred. We will try to regroup and re-strategize the legislation for the upcoming legislative season. Thank you for your grassroots efforts to your key legislators. Your letters, phone calls, and meetings with our legislators are vital to move our profession forward. This is also a reminder to us that our opponents are at the legislative table as well.

COA will be at our October CE meeting to discuss SB 492 with you as well as other membership topics. Please be there for the update. I look forward to seeing you there!

Sincerely,
Isabell Choi, OD
2014-2015 BOARD OF TRUSTEES

President (open)
Isabell Choi-Srirat, O.D.
Interim President
ichoiid@gmail.com

President-Elect
Danny Ngo, O.D.

Immediate Past President
Isabel Choi-Srirata, O.D.

Secretary
Maggie Jan, O.D.

Treasurer
Jade Davis, O.D.
jadedavisod@hotmail.com

Education Committee
Sally Dang, O.D.
Danny Ngo, O.D.
Hanue Marsden, O.D.

Events Chair
Rebecca Ng, O.D.
rebeccangod@cox.net

Membership Committee
Edeline Lu, O.D.
Krystal Nguyen, O.D.

Legislative Committee
David Ardaya, O.D.
dardaya@yahoo.com
James L. Cooperman, O.D.
jlcooperman@earthlink.net
Chris Vargas, O.D.
docvargas@gmail.com

Public Relations Chair
Thanh Mai, O.D.

Webmaster/Communications
Ketan Patel, O.D.
ketan.patel.inc@gmail.com

SCCO Representative
Maddie Low

Sponsorship Co-Chairs
Sally Dang, O.D.
Rebecca Ng, O.D.

Advisory Committee
Robert J. Moeser, O.D.
moeser@pacbell.net

Eunice Myung Lee, O.D.
(714) 449-7424
eunyung@scco.edu

Michael Spitzer, O.D.
im4eyes80@hotmail.com

David Wakabayashi, O.D.
(949) 552-2020
dwakabayashi@scco.edu

Editor
Ivy Lin, O.D.
andromeda313@yahoo.com

THANK YOU TO OUR 2014-2015 SPONSORS:

GOLD
Allergan
Madison Bettis
Madison.bettis@gmail.com

Coastal Vision Medical Group
Mylene Soriano
mylenesoriano@danbtranmd.com

Harvard Eye Associates
Maria Michel
mmichel@harvardeye.com

NVision Laser Eye Centers
Rosalyn Ayson
Rose.ayson@nvisioncenters.com

SILVER
Alcon
Megan Mozayeni
Megan.mozayeni@alcon.com

Essilor Labs
Stefanie Cook
scook@essilorusa.com

KMars
Paul Keddington
paulkeddington@gmail.com

MARCO
OASIS
Mahtab Williams
mwilliams@oasismedical.com

Orange County Retina
Tim You, MD

George M. Salib, MD
Orange County Eye Institute
Eta Chalfin
gsalibmd@yahoo.com

Shamir
Dia Kaesman
dkaesman@shamirlens.com

TLC/ Harvard Eye
Rebecca Zemla
Rebecca.zemla@tlcvision.com

Vistakon
See-Wan Szeto
swszeto@lts.jnj.com

VMR Institute
Marta Mott
marta.m@vmrinstitute.com
We Bring More to Your World

The Allergan Commitment to Optometry Is Stronger Than Ever. With new programs designed for doctors at every phase of their career, there are more ways for us to work together than ever before.

Visit AllerganOptometry.com to access a world of possibilities for your practice.
When the time has come to have your patient’s cataracts removed, they often will ask your opinion about which intraocular lenses (IOL) would be best for them. How do we answer them? What are the differences between the lenses? Many come in with preconceived notions and biases depending on what their friends told them about their own experiences. The important thing is to know a few pertinent facts about each lens and have the patient keep an open mind until their preoperative workup is complete.

The key matter is not which lens is best in general. The key is which lens would be best for that individual patient depending on their particular eye exam, their personality, and their desires. It would be misguided to believe that it is a one-size-fits-all solution in terms of IOLs. A patient might have heard from their friend that the Restor lens was the best thing to ever happen to them, but if this particular patient had an epiretinal membrane, then they might be quite unhappy with their surgical result.

Of course, financial means is always a consideration, but this should not guide our recommendations for what we medically believe is in their best interest and will give the patient the greatest satisfaction after surgery. If the patient sees this choice as a wise investment in their own health and wellbeing, they will probably come up with the finances to achieve it. If they truly cannot afford it and cannot finance it somehow, I always reassure the patient that they will receive an excellent quality lens in any case.

Here is a summary of the IOL choices along with their advantages and disadvantages:

**Standard IOL**

**Indications:**
- No desire to minimize use of glasses postoperatively
- Does not want to pay additionally out of pocket

**Advantages:**
- Clear optic allowing for great contrast sensitivity (sharper image)
- Covered by insurance

**Disadvantages:** (I like to call them “compromises”):
- Only allows one focal point—no range of vision
- Does not correct for astigmatism
- Greater (and possibly complete) dependence on glasses

**Toric IOL (ex. Alcon Toric and TrulignToric)**

**Indications:**
- Patients who have 0.83 D (TrulignToric) or 1.03 D (Alcon Toric) or more of corneal astigmatism—easiest to remember about 1 D.
- Patients who want to decrease dependence on glasses

**Advantages:**
- Clear optic allows for greater contrast sensitivity
- Corrects for astigmatism, giving sharper image (up to about 4D)
- For TrulignToric, also has broader range of vision like Crystalens (see below), allowing for good distance and intermediate vision

**Disadvantages:**
- Not covered by insurance
- Should not be used in patients who need to wear hard contact lenses after surgery (ex. People with irregular corneal astigmatism)

(Continued on page 6)
Accommodating IOL (ex. Crystalens and TrulignToric)

**Indications:**
- Patients who want to decrease dependence on glasses, especially for distance and intermediate vision.
- Patients who have macular problems but still want a broader range of vision.
- Patients who do not want to see halos but want a broader range of vision.

**Advantages:**
- Clear optic allows for greater contrast sensitivity.
- Flexible hinges in IOL allow for accommodation (about 1.5D), giving a broader range of vision.
- With blended vision (mini monovision), we usually aim one of the eyes about 0.25-0.50 D more myopic to achieve an even broader range of vision without having the patient notice an obvious difference between the two eyes.
- For TrulignToric, can achieve all the benefits of the Crystalens PLUS can correct for up to about 2D of astigmatism. A TrulignToric is simply the Crystalens with an astigmatic correction embedded in it.

**Disadvantages:**
- Not covered by insurance.
- Requires expertise and experience by the surgeon in achieving optimal results.
- Near vision is limited. Will need glasses for finer print.

Multifocal IOL (Restor Lens or Tecnis Multifocal)

**Indications:**
- Patients who would like to decrease their dependence on glasses.
- Patients who do not have macular problems.
- Patients who do not have significant astigmatism.
- Not perfectionist.

**Advantages:**
- Good distance and near vision.
- High level of spectacle independence.

**Disadvantages:**
- Decreased contrast sensitivity (edges of letters might not be quite as sharp—especially for the Tecnis Multifocal). This IOL should therefore not be used in people who have already decreased contrast sensitivity such as in macular or nerve problems like macular degeneration, advanced glaucoma, or epiretinal membranes, as well as corneal problems like scarring or Fuch’s dystrophy.
- Halos, especially at night (not good for people who drive a lot at night, such as a cab driver).
- Need good lighting to read for the Restor lens because it is pupil dependent.
- Will need to sit closer to a computer screen because intermediate vision not as good.
- Not covered by insurance.

The amount of residual astigmatism makes a difference in terms of overall patient satisfaction postoperatively. The goal is to end up with less than 0.75D of astigmatism in order to achieve the highest level of patient happiness. With the LenSx laser or with a standard LRI, we can correct up to about 1.5D reliably. The good
thing is that even if they end up with some residual refractive error that is unsatisfactory to the patient, we can correct this with refractive surgery in most cases.

A key point to remember anytime we are dealing with surgery and outcomes is to manage expectations appropriately—underpromise and overdeliver is a good philosophy for this. I never guarantee a certain result or that they will be spectacle free—in fact I point out that they may in fact need glasses regardless of the IOL chosen. I always state that even though we may do the most perfect surgery, with the best conditions, and using the most sophisticated instruments and formulas, there are always factors that may be unpredictable and variable when dealing with humans, and there are risks with any surgery. My patients appreciate this honesty, even with a 98% standard success rate with cataract surgery. I always reassure them also that I have a great deal of experience and have done thousands of these, which usually helps to put them at ease.

Again, the key is to keep the patient having an open mind and introduce the discussion to them. Without doing a corneal topography to see how much astigmatism they have and if it is irregular or not, and without doing an OCT of the macula to determine if the patient has a macular problem, we cannot make a final recommendation as to the IOL that will help the patient achieve their ideal postoperative outcome. We CAN at least start the discussion with them, asking what their goals are after surgery, what hobbies they have, what occupational needs they have, etc, in order to be able to better tailor our recommendations for them. With such amazing IOL options available, and through a very comprehensive preoperative assessment and counseling of the patient, we can better reach our goal of 100% patient satisfaction!

Please feel free to contact me should you have any questions at the Orange County Eye Institute: 949-770-1322 or at gsalibmd@yahoo.com.
Experience the NVISION Difference

1701

ODs & Growing!
More than 1,700 California Eye Doctors choose LASIK with NVISION for their patients.

Advanced Technology
NVISION offers multiple state-of-the-art laser technologies that are safer, faster and more precise.

Nationwide Lifetime Commitment
VISION for Life™ is our commitment to your patients that we stand behind their results.

Unparalleled Surgeon Experience
There is no substitute for experience, so trust your patients’ eyes to the surgeons who have done more than 250,000 LASIK procedures.

NVISION Makes it Affordable
Here at NVISION, we make LASIK affordable for your patients through flexible payment plans and financing options.

The Eye Doctors’ #1 Choice®
At NVISION, we work with your patients to optimize safety and results for life.

FOR YOUR PATIENTS
Save $1,000* on LASIK
Financing options include 0% for 24 months and $99 a month

REMINDER
Patients will save even more on LASIK by using their FSA - Flex Spending Dollars

*LASIK Savings ($500 per eye) deducted off usual and customary fees. Must be 18 years of age or older to be eligible. Not applicable to individuals that need enhancements or have had past refractive procedures. Not to be combined with any other offer.
NVISION Laser Eye Centers announced the appointment of Paul W. Craig to Chief Financial Officer.

“We are thrilled that Paul has joined NVISION Laser Eye Centers to oversee our finance, IT and HR functions for the company,” said Cooper. “He has a tremendous track record in retail, medical, technology, financial procedures and controls, capital raising and performance reporting.”

Prior to joining NVISION, Craig was Chief Budget & Planning Officer of Charles R. Drew University of Medicine and Science, located in South-Central Los Angeles.

He has a Bachelor of Science degree, Magna Cum Laude, in Accounting from Loyola Marymount University, and is a Certified Public Accountant (CPA).

About NVISION Laser Eye Centers

NVISION Laser Eye Centers is an innovative leader in lifestyle surgical eye care with 17 locations in California and Nevada. NVISION is the first provider in California to offer LASIK eye surgery with the Swiss-engineered Ziemer Femto LDV™ Crystal Line Laser. In addition, NVISION is the first provider in California to offer the bladeless, computer-controlled LenSx laser -- unquestionably the most technologically advanced option for laser cataract surgery -- and the first in the nation to offer Avellino DNA testing for an added level of LASIK safety.

With more than 1500 eye doctors who refer their patients and trust their own eyes to NVISION surgeons, NVISION Laser Eye Centers is the Eye Doctors’ #1 Choice®. For more information, visit www.NVISIONCenters.com or call 1-877-91NVISION (1-877-916-8474).

Eye-Piece Technology II™
Natural Posture™
IntelliCurve™
Artificial Tears
SHAMIR AUTOGRAF III™

Taking into consideration additional parameters while designing the Autograph III, Shamir’s R&D team developed many new features that provide the patient an optimized visual experience that is truly enhanced and personalized to their visual needs unlike any design Shamir has previously released.

Addressing the Visual Experience of Hyperopic and Myopic Presbyopes

Shamir’s R&D team focused on the fact that although their lens design is the same, each patient’s perceived viewing field is significantly different, based on their prescription. A minus power lens increases the field of view, while a plus power lens has the effect of reducing the field of view. This results in hyperopic patients experiencing a narrower viewing field than that experienced by their myopic counterparts.

GROW

What keeps your practice growing? Referrals. From happy patients.

The ACUVUE® Brand makes innovative lenses that keep patients happy. And, satisfied patients are nearly 2x as likely to recommend their eye doctor than dissatisfied patients.*

ACUVUE®
BRAND CONTACT LENSES
INNOVATION FOR HEALTHY VISION®
Military children do not have glasses benefits. Come help Kids Vision for Life and VSP give back to families of those who serve our country!

**Volunteer Opportunity**

For more information, contact Sam Hahn at 949.338.9340 or kidsvisionforlifeOC@gmail.com.

**EVENT:** Kids Vision for Life and VSP sponsored vision clinic.

There is **funding to pay optometrists to work that day. The rate is $55/ hour plus reimbursement for mileage.**

**LOCATION:** Fort Irwin Military Base

---

**ONLY THE LATEST SURGICAL TECHNOLOGIES**

Coastal Vision uses only the latest surgical technologies to ensure the very best outcomes. Our excimer laser is part of the fastest refractive surgery platform available in the U.S.

Having pioneered the all-laser, bladeless LASIK technique back in 2001, Dr. Dan B. Tran is an internationally published expert on LASIK innovations and lectures worldwide on various refractive surgery advancements. Surgical technique and a deep understanding of technology are why eye doctors and eye industry executives alike trust Dr. Dan B. Tran as their personal surgeon.

**TECHNIQUE. TECHNOLOGY. TRUST.**

Coastal Vision offers many ophthalmological procedures, including specialized cornea, LASIK, glaucoma, and cataract treatments.

- Laser vision correction (LASIK, PRK)
- Cataract surgery
- Glaucoma surgery
- Cornea surgery and transplants
- Reading vision solutions
- Implantable collamer lens for vision correction
- Surgical treatment of keratoconus (corneal crosslinking)
- Currently conducting multiple FDA clinical studies on new advanced ophthalmic surgical implant devices

Dan B. Tran, MD - Medical Director
LASIK, Cornea & Cataract Surgery Specialist

877-ALL-LASER
www.coastalvisionmedical.com
New studies show that treating systemic hypertension can possibly cause increased optic nerve damage in patients with normal tension glaucoma.

Common thinking in the medical community as well as common sense dictate that lowering a patient's blood pressure can lead to all-around better health and a lowered risk for cardiovascular problems. Lowering blood pressure and the connected lowered risk for a variety of health issues is fantastic, but what does it raise? Recently, many questions have begun to surface as data points show that lowering of blood pressure can be related to intraocular health, namely an unexpected lowering of perfusion from the heart to the eye and the increased risk of worsening glaucoma, especially for those with normal tension glaucoma.

For primary care physicians, every doctor wants to see the magic blood pressure numbers 120/80, and if even lower, then even better. For optometrists and ophthalmologists treating open-angle glaucoma (OAG) patients, care revolves around maintaining a steady intraocular pressure (IOP). However, ongoing clinical trials suggest there's a new number that both sides need to monitor: ocular perfusion pressure (OPP). OPP is the relationship between systemic blood pressure and IOP. Low OPP is closely related to elevated IOP, a main symptom for OAG, and thus a concern for ophthalmologists treating patients already with OAG and for those who are at a high risk for developing glaucoma.

Dr. Rohit Varma headed the Los Angeles Latino Eye Study (LALES), a population-based study of 6,130 adult Latinos. 1,770 of these patients had systemic hypertension. According to the study, both lowering and raising blood pressure can have adverse effects on the optic nerve. When diastolic blood pressure falls below 60mmHg, perfusion pressure is lowered and the optic nerve is damaged due to lack of blood and oxygenation. When blood pressure is too high, with a systolic reading of 160mmHg or above, this also creates a lowered perfusion pressure and nutrients are prevented from reaching the optic nerve, thus damaging the eye.

With this new data, it's important for glaucoma patients with hypertension to make sure their primary care physician and eye doctor are in constant communication. In particular, night time dosing of hypertensive medication may need to be investigated and possibly altered. This is especially true in patients with normal tension glaucoma where IOP is already on the lower end and physicians are seeking alternative methods to slow, or preferably halt, glaucoma progression.

For more information, contact our Director of Affiliate Relations, Maria Michel at 949-900-5228 or mmichel@harvardeye.com
THE FUTURE OF VISION...TODAY!

- Advanced Cataract Surgery
- Premium Lens Implants
- Pterygium Removal
- Glaucoma
- Corneal Transplantation
- Retinal Diseases
- Cosmetic Eyelid Surgery
- Custom Intralase LASIK
- Facial Aesthetics and Skin Care
- Hearing Health

949.951.2020

Roger V. Ohanesian, MD, FACS
John A. Hovanesian, MD, FACS
Brian T. Kim, MD
Nicoletta J. Stefanidis, OD, FAAO
Edward W. Kim, MD, MPH, FACS
Jeffrey L. Jacobs, MD, FACS
Satvinder K. Gujral, MD, FAAO
Mark J. Levy, OD
Diana H. Kersten, MD, FACS
Savak Teymoorian, MD, MBA
Karen P. Skvarna, OD

LAGUNA HILLS | 24401 Calle de la Louisa, Suite 300 | Laguna Hills, CA 92653
SAN CLEMENTE | 665 Camino de los Mares, Suite 102 | San Clemente, CA 92673
harvardeye.com
The Latest on Corneal Collagen Cross Linking

One of the hottest topics in eyecare today is Corneal Collagen Cross-Linking (CXL). This novel (but not new) technology currently utilizes riboflavin as a photosensitizer that is activated by UV-A light, to strengthen the collagen within the corneal stroma. The main purpose of CXL is to halt the progression of corneal ectatic disease in conditions such as keratoconus, post-LASIK ectasia and post-RK refractive variability. Invented by Theo Seiler, MD in Dresden, Germany in the early 1990’s, CXL has been performed on thousands of patients around the world with effectiveness of over 98-99%.

Just like LASIK and PRK, it is important to note that CXL has different approval status in the United States and Canada. While CXL is approved in Canada, it is still not FDA approved in the United States. There are a few manufacturers of CXL devices throughout the world. In the U.S. the two largest are Avedro, Inc. (Waltham, MA) and CXLUSA, Inc. (Bethesda, MD). It is important to delineate the riboflavin solution from the device and treatment. While applications for approval of the treatment have been submitted, the FDA has already granted orphan drug status to a riboflavin ophthalmic solution (Avedro, Waltham, MA) for the treatment of keratoconus and corneal ectasia after refractive surgery in 2011.

CXL with INTACS  Full Corneal Riboflavin Saturation  CXL with LASIK

However, in March of 2014, Avedro announced that the FDA authored a complete response letter regarding the New Drug Application (NDA) for the device to treat keratoconus and corneal ectasia after refractive surgery where “the agency identified a number of areas of the application which require additional information”. According to Medscape “In a statement, Avedro Chief Executive Officer David Muller, PhD, said the company would work closely with the FDA to resolve these issues as quickly as possible to make the treatment available to patients in the United States.” Our hope here in the U.S. is for an FDA approval of CXL as soon as possible so American patients can have unlimited access to CXL like our Canadian, European and Worldwide patients with these potentially blinding eye diseases.

While U.S. FDA approval is not here yet, that does not stop education, sharing of information and technological advances on the topic. On July, 27-28 2014, the 13th annual International Congress on Surface Ablation, Femto-Lasers & Cross-Linking took place in Deer Valley, Utah following the American-European Congress of Ophthalmic Surgery (AEOS). With an all-star faculty of CXL innovators and experts from around the world, the most current data was shared. Program chair, William Trattler, MD constructed another perfect conference that delivered the most up to date information for all to absorb and take back to their clinics and patients in need.

Of the many topics covered, Jonathan Solomon, MD presented on the use of Intacs in conjunction with CXL for the treatment and potential visual improvement of keratoconic eyes. Based on significant global evidence presented at the conference, it is important to note the universal consensus of the use and long term stability of Intacs with CXL as a very successful option for corneal ectatic disease treatment. Also, the international experience and research presented by Grace Ltyle, OD FAAO regarding LASIK Xtra, a combined CXL and LASIK procedure for patients with high refractive error or at risk for keratoconus, yielded outstanding results. The CXLUSA group, headed by Roy Rubinfeld, MD reaffirmed the safety and efficacy of epithelium-on-CXL as well as a combined conductive keratoplasty (CXL)/CXL procedure for progressive keratoconus.

From a refractive perspective, the need for Optometrists to properly fit these post-CXL keratoconic eyes in specialty contact lenses was discussed extensively. Specific attention was given to the rise in popularity of scleral and mini-scleral contact lenses, for their ability to provide superior visual acuity and more comfortable fits on these challenging corneas. According to Eric Donnenfeld, MD FACS, “The OD/MD team approach to managing the CXL patient is very much like the LASIK/PRK patient. It takes a great relationship between the Optometrist and Ophthalmologist to manage these difficult corneas properly. I can do the best CXL procedure in the world, but if the patient still can’t see afterwards they won’t necessarily be as happy as they could be.”

It is clearly apparent from the CXL conference and the tremendous amount of domestic and international reported literature that this procedure is safe and effective in long term studies. When will CXL be approved in the U.S.? Only the FDA knows that right now but until then, please understand that these procedures are currently being performed in the U.S. (under an IRB regulated study) and Canada. For more information on Collagen Cross Linking and current open enrollment in US clinical trials, please visit: http://www.nkcf.org/cxl-sites-2014/ or https://clinicaltrials.gov/ct2/home and use the search term "collagen cross linking".

For more information on the CXL Conference or to attend future conferences, please visit www.cxlcongress.com
Only the Latest Surgical Technologies

Coastal Vision uses only the latest surgical technologies to ensure the very best outcomes. Our excimer laser is part of the fastest refractive surgery platform available in the U.S.

Having pioneered the all-laser, bladeless LASIK technique back in 2001, Dr. Dan B. Tran is an internationally published expert on LASIK innovations and lectures worldwide on various refractive surgery advancements. Surgical technique and a deep understanding of technology are why eye doctors and eye industry executives alike trust Dr. Dan B. Tran as their personal surgeon.

Technique. Technology. Trust.

Coastal Vision offers many ophthalmological procedures, including specialized cornea, LASIK, glaucoma, and cataract treatments.

- Laser vision correction (LASIK, PRK)
- Cataract surgery
- Glaucoma surgery
- Cornea surgery and transplants
- Reading vision solutions
- Implantable collamer lens for vision correction
- Surgical treatment of keratoconus (corneal crosslinking)
- Currently conducting multiple FDA clinical studies on new advanced ophthalmic surgical implant devices

Dan B. Tran, MD - Medical Director
LASIK, Cornea & Cataract Surgery Specialist

COASTALVISION
Technique. Technology. Trust.
877-ALL-LASER
www.coastalvisionmedical.com

INTRODUCING A REVOLUTION IN PROGRESSIVE LENSES

VARILUX S series™

"From the moment I put them on, I could see the difference."

DISCOVER LIMITLESS VISION™ WITH VARILUX S SERIES

VARILUX S series™
LIMITLESS VISION™
Dear Doctor:

You may have heard today that Alcon announced they have entered into an agreement to acquire WaveTec® Vision, a privately-held company that developed the ORA System®, the first commercialized intra-operative guidance system for cataract surgeons implanting intraocular lenses (IOLs).

Link to news item: http://wwwalconcom/news-center/news-itemaspx?id=311

As a member of the WaveTec Vision surgical advisory board since 2009, Dan B. Tran, MD, has been involved in this technology from its inception. With the first unit in Orange County, Dr. Tran participated in the clinical trials for the WaveTec ORA System® because he insists on providing the very best technologies for his, and your, patients. ORA is now being used commercially by only a select few ophthalmic surgeons in the United States. This news is of particular interest to us because Dr. Tran believed in the ORA technology from the beginning and it is now being proven by the pending purchase.

Always a pioneer, Dr. Tran, has been involved in FDA clinical trials for many leading-edge technologies such as IntraLase™, LenSx®, and Intacs® since early 2000. He invests his time and effort in these technologies, and advocates them, because he knows they will produce results. Entrust your patients to Dr. Tran and Coastal Vision for the very best possible outcome.

Please contact us for more information:

Gina Valdemar
Director, Affiliate Relations & Education
www.coastalvisionmedical.com
GinaValdemar@dantrannmd.com
Mobile: 714.746.9679
Fax: 949.258.5085

Mylene Soriano
Director, Affiliate Relations & Education
www.coastalvisionmedical.com
MyleneSoriano@dantrannmd.com
Mobile: 949.231.8081
Fax: 714.771.7126
ADVANCED CATARACT SURGERY WITH MULTIFOCAL LENSES

COMPREHENSIVE EYE CARE

LASER VISION CORRECTION
Cataract • Dry Eye • Glaucoma • Laser Surgery

ORANGE COUNTY EYE INSTITUTE
GEORGE M. SALIB, M.D.

Diplomate American Board of Ophthalmology
Fellowship Trained in Cornea and Refractive Surgery

www.oceyeinstitute.com
(949) 770-1322

Orange County Eye Institute
See Well. Live Well.
Medicare • Most PPO’s • Most Vision Plans

Orange County Eye Institute
Saddleback Memorial Medical Tower
24411 Health Center Dr., Suite 340 • Laguna Hills, CA 92653

VMR Institute
is proud to offer pioneering diagnostic and therapeutic approaches to complex disorders of the VITREOUS, MACULA, & RETINA (VMR)

When LA Magazine asked 31,000 doctors "Who would you choose as your doctor?" only two vitreo-retinal specialists in Long Beach and Orange County were named by their peers from 2010 through 2012

Super Doctors
of Southern California
Dr. Sebag & Dr. Chong of the VMR Institute in Huntington Beach

VMR Institute
bringing university-level care to the local community in a private setting

Phone: (714) 901-7777 • Fax: (714) 901-7770
7677 Center Avenue, Suite 400 • Huntington Beach, CA 92647
www.VMRinstitute.com
We are excited to announce that TLC Laser Eye Centers has launched a joint venture partnership with Harvard Eye Associates at our Laguna Hills location.

TLC brings your patients the very best in technology, surgical outcomes and a personal approach for both LASIK and refractive IOLs. TLC was founded on the philosophy of co-managing patients with Optometry, working with some of the most experienced surgeons while maintaining our strong commitment to our affiliate optometrists.

24401 Calle de la Louisa, Suite 300 | Laguna Hills, California 92653 | 877.TLC.2020

DIGITAL FREEFORM PALS
100% Back-Surface Freeform Technology
FREE TRIAL*
CONTACT US
- Fast Turnaround - 100% Non Adapt - 100% Dr Redo

KM INSTANT® $29.95
GOOD
RETAIL $180+

KM EXPLORER® $40
BETTER
RETAIL $250+

KM EXPLORER® HD $50
BEST
RETAIL $350

EARN CASH BACK REWARDS*
CALL 800-296-1551

16430 Vanowen Street Van Nuys, CA 91406 (T) 800-296-1551 (F) 800-296-4660 (W) www.kmars optical.com