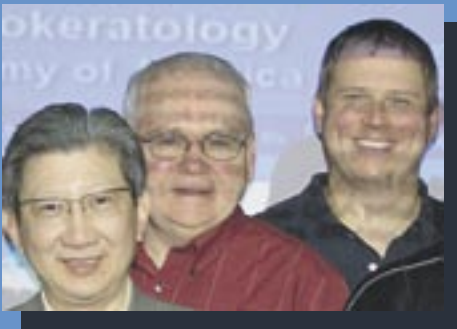


THE CORRECTED VIEW

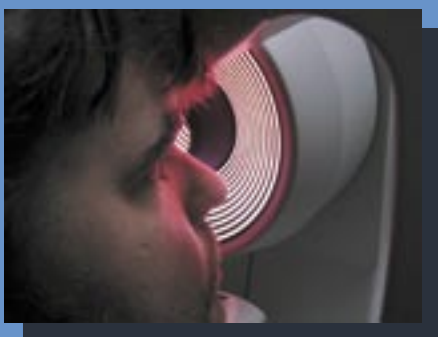
JOURNAL OF THE ORTHOKERATOLOGY ACADEMY OF AMERICA
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SPRING/SUMMER ISSUE 2006

OAA ANNOUNCES NEW FELLOWS



FROM THE DESK OF THE PRESIDENT



TOP FIVE BEST PRACTICE TIPS

Orthokeratology Academy of
America
2006 Spring/Summer Journal

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Cary Herzberg OD, FOAA

Completed his bachelor of science degree and his doctor of optometry degree from Illinois College of Optometry in 1969 and 1971 respectively. Dr. Herzberg is an active participant in the eye care community providing lectures, articles and technical consultation to the contact lens industry, and has been an FDA investigator on overnight orthokeratology lenses.



Hal Ostrom OD

Graduated from The New England College of Optometry in 1984, and served on the clinical faculty until 1988. He has been in private practice since 1988 in Clinton, Connecticut. Despite being taught in school that Orthokeratology doesn't work, Dr. Ostrom tried his first case in 1993, and has been actively studying corneal reshaping since the first GOS meeting. He has served on the board of the Connecticut Association of Optometrists and the New England Council of Optometrists.



Matthew Herzberg

Matt Herzberg is a graduate of Columbia College Chicago with a major in fiction writing.



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From The Desk Of The President

Cary Herzberg, O.D., FOAA

Colleagues

I am writing this letter today still bathing in the bright glow of success following our first ever Fellowship event. The meeting saw seven out of the eight candidates complete their fellowship. The enthusiasm and positive energy was felt by all. For those of you who are still on the fence on fellowship start making plans on attending as space at each event is limited. The next scheduled events are Chicago May 6,7 , July 15,16 and Little Rock , Arkansas as part of the Exodus event on October 5. The Chicago meetings have limits of ten candidates and will fill up quickly. A Fellow candidate will need to download an application on our website fill it out and send it with a check for \$150 to OAA headquarters. A candidate will also need to submit to a ten minute phone interview before being accepted and receiving a confirmation number. On the weekend of the event the candidate will need to take a written and practical examination and present three case reports that they have brought with them. Make sure you have a copy of each for OAA files.

If you have received a invoice in the mail it means you have not paid your 2006 dues. If you have paid and feel this is an error please contact Matt at mattherzberg@usok.org. If this invoice is correct please pay the dues promptly. Matt and I are spending a large part of our time trying to get our members to renew each year. As you know if were chasing after you in attempts to collect dues it takes away energy and time better spent towards planning events like our annual meeting.

The OAA will have our annual meeting on October 6 in conjunction with the Exodus meeting in Little Rock. We are encouraging our members who attend the fellowship meeting on October 5 to stay for the Exodus meeting which will be held on Friday October 6 and Saturday October 7. Please contact Joe Collins at www.theexodusgroup.org to get specifics on the meeting and register. I have personally found these practice management seminars to be an excellent value that brought additional sources of revenue into my practice.

Congratulations are in order for Hal Ostrom as he takes over as editor of the "Corrected View". If you would like to contribute an article please contact Matt. The "Corrected View" is the only journal dedicated to covering ortho-k exclusively. However it is only as good as the contributions made to it by our membership. Please take the time to submit an article. I am looking forward to greeting all of you at our annual meeting.

Yours Truly

Cary M. Herzberg O.D. FOAA
President OAA

OAA Announcements

For The Year 2006

Dear OAA Member

The Orthokeratology Academy of America has made it a priority to increase patient referrals for its membership and promote education of this specialty. The following is the beginning of our efforts to accomplish this task and provide valuable resources to our members and their practices.

In Office Literature

By approval of the OAA board of directors we are providing to our membership literature as a resource for in office use. This is a book, booklet, and brochures that you may dispense to your patients and have available as in office educational literature about ortho-k. On the back of this literature is a space where you may personalize these resources with your office stamp or label. In addition we have provided the OAA logo also for practitioner benefit. We are encouraging our members to use the OAA's standing as an organization that promotes education and furthered competency in orthokeratology, of which you are a contributing member. At its current state orthokeratology is not reaching potential patients through lack of industry advertising. The responsibility then falls to the shoulders of each of us as practitioners to inform and educate our patients about the benefits of this specialty. The OAA has made it a top priority to help its membership with this vital responsibility beginning with this literature as a valuable resource to you the practitioner. Materials will be available for order through the OAA website and OAA main office.

Announcement of OAA Fellowship Opportunity

The OAA is Proud to Announce its new fellows: Bruce Williams O.D. FOAA, Edward Chow O.D. FOAA, Joe Collins O.D. FOAA, David Davidson O.D. FOAA, Gary White O.D. FOAA, Matthew Martin OD FOAA, Cary Herzberg O.D. FOAA, Mark Rafferty O.D. FOAA, Rob Gerrowitz O.D. FOAA, Dennis DeLee O.D. FOAA, Gregg Okada O.D. FOAA, Dennis Leung O.D. FOAA, Jiyeon Shin O.D. FOAA, Raymond J. Brill O.D. FOAA, Dennis Soderberg O.D. FOAA

The board of directors would also like to announce the implementation of a brand new fellowship program available to its membership. Starting in 2006 there will be a series of special fellowship meetings with the goal of making fellowship more convenient for members without sacrificing the importance of standards that define OAA fellowship. Attending members will be able to bring their case reports to this event for review, receive practical and written testing, and gain the benefit of assistance should any be needed. These Fellowship meetings will be two day events with testing facilities and meals provided free of charge by the OAA. Fellowship should be of top priority to our members as it demonstrates your advanced competency and experience in orthokeratology. Fellowship (FOAA) is a specialized designation that denotes competency in Orthokeratology.

An OAA Fellow:

1. Demonstrates advance orthokeratology skills
2. Receives designation separating them from other orthokeratologists.
3. Receives referrals through the orthokeratology network
4. Can be automatically enrolled in the OAA Comanagement Program
5. Receives referrals for speaking at ortho-k events
6. Receives a certificate suitable for framing in your office designating you as a Fellow of the OAA
7. Can be placed on a mentoring list for referrals to doctors seeking more knowledge in orthokeratology.

When you apply for fellowship and attend the meeting you will need 3 case studies brought to the meeting with topography. They should be different cases and at least two of them should show problem solving (the initial fit didn't work and what changes were needed to solve it). During the meeting practical and written testing will be administered. Doctors who need help will receive mentoring during the meeting. Attendees will receive education and assistance with filling out necessary forms. To continue fellowship you will need to submit two additional cases per year or mentor an ortho-k doctor towards fellowship or give an ortho-k presentation in front of a major conference (such as GOS). We cannot stress enough the importance of fellowship and it's value to you as an ortho-k practitioner and look forward to your attendance in the up and coming year.

"I'd like to commend you for making the Fellowship program such a success. In the day and a half session, I have learned more than the previous three GOS put together. Not only have I acquired my Fellowship of the OAA, I found the program extremely informative. Despite practicing orthokeratology for more than 10 years, the learning I derived from the program was endless. Through the discussion with my fellow colleagues, I found out more about orthokeratology that I have missed in my practice. I became a more sophisticated orthokeratologist. I hope that in the future, more optometrists in the field of orthokeratology can benefit from the fellowship program as well."

- Edward Chow O.D. FOAA

OAA Educational Meeting

It has come to our attention that the format of the Global Orthokeratology Symposium (GOS) will change this year. Two smaller events will be held this summer. These meetings will be directed towards beginning orthokeratologists.

In lieu of this I would like to enlist our membership in responding to a possible two day OAA educational event this year. The purpose of this meeting would be to provide our membership with the information, lectures, and discussions they would normally seek out through attendance at GOS. Many of our past educational meetings, including our most recent project Fellowship, has been cited by our membership as being very informative and advantageous to their practice. Our organization has the resources available for an event such as this. If this inquiry receives a positive response I will go to our board of directors to seek approval for an educational meeting this year.

Participation

The OAA is an academy of practitioners seeking to promote orthokeratology with benefits to it's membership. As such the OAA is dependant on the aid, expertise, and participation of it's membership to further improve its efforts. We would like to take this opportunity to invite our members to become involved and help shape the future of the OAA. Included in in this mailer is an additional form for you our member to highlight areas in which you would be interested. Enclosed is a self addressed stamped envelope that you may use to send this participation form to the OAA main office. One of our most important endeavors is OAA fellowship, and we are currently looking for practitioners interested in hosting meetings, and providing their facilities for fellowship. Likewise there are numerous potential projects, ideas, and programs in need of qualified members looking to volunteer their time and experience. The OAA is in a position to offer even more to it's members and your participation can make this a reality!

**For further questions, comments, and replies please contact
Matt Herzberg: Mattherzberg@usok.org**

Editorial

Orthokeratology...Now is the time.

Today I just saw one of my latest corneal reshaping patients for his one week Followup visit. A 7th grader, very active in sports and music. He started out at -5.00, and a week later he is plano 20/20. I get such a kick out of seeing these Patients. Corneal reshaping is one of the most satisfying things I have chosen to do in my career.

I first tried doing Orthokeratology about 15 years ago, and the results for me were less than spectacular, so I stopped doing it and watched from the sidelines. I started doing it seriously about two years ago after attending the first GOS in Toronto. Every time I see a patient at that one week visit, I am still as amazed as the first patient I tried it on.

Corneal reshaping is one of the most rewarding things you can do in your career. Its time has come. When I was in school back in the stone age, we were taught that it didn't work. Obviously it does, and the best way to become proficient at corneal reshaping(in my mind) is do what I did: Join the OAA, and go to the conferences. The GOS is one of the best meetings I have ever been to. All three "o's", mixing together and discussing what they are passionate about. The conference is filled with some of the smartest practitioners I have ever met, and is an opportunity to make friends with people from all over the world. There were papers presented in Chicago that were incredibly exciting. I believe we will be able to prevent myopia in my lifetime.

I would like to see our little online journal become a resource for the new and the seasoned practitioner. I encourage you to submit articles, case reports, or write us letters.

I would like to thank Cary Herzberg for offering me the opportunity to become editor of The Corrected View, and also Matt Herzberg for all his hard work in getting the journal put together.

Peace,

Hal Ostrom, O.D.

Letters And E-mail

Send us your comments or questions to the OAA main office or via e-mail. Letters and e-mail will be featured here in future OAA journal issues

Send your comments to:

OAA Main Office
2853 East New York St.
Aurora, IL 60565
866 851 9922

or e-mail:

mattherzberg@usok.org

or

drherz@comcast.net

How I Got Involved in Corneal Reshaping

John Warren, O.D.

I've been utilizing corneal topography in clinical practice since 1994 when I practiced with a refractive surgeon. I was always fascinated in both the way the contact lenses could effect corneal curvature and create a change in vision. Most of those changes were undesirable, and my attempts to change them were to return the cornea to a "normal" state.

When reverse geometry lenses became reality, it was a short step for me from preventing changes in corneal curvature to intentionally inducing them. You could say I "was geeked." Now that I had a tool for corneal reshaping that appeared to be able to provide consistent and repeatable change in corneal shape and refractive error, I just had to learn how to do it.

This was in the days when there were 2-3 publicized "courses" on Ortho-K so I figured I was pretty much on my own other than some email discussions with other OD's on the Optcomlist. I borrowed a chapter from the ophthalmology model of adding procedures to your practice. I taught myself the basic concepts of Ortho-K and found some patients who were willing to let me treat them.

I reviewed my patient files (this was a few years before I went paperless so I had to flip through hundreds of patient charts) for those patients who had an Rx between -1.00 and -3.00 with less than .50 cylinder. I then wrote them a letter introducing the technique and science behind Ortho-K. I told them that I was just starting to perform this procedure and as such would perform their cases for \$250 (my best guess as to what the lenses would cost me).

I had 10 patients respond to the mailing and who set up consultation visits. Of those 10, only 5 decided to proceed and I was not an Ortho-K practitioner! Of the 5 patients, all but 1 were "successful." She was wearing RGP multifocals (back surface aspheric) and just never got the same acuity as in her lenses. My first big lesson about Ortho-K patient selection!

I know of 3 of the other 5 patients who are still wearing their lenses for overnight Ortho-K. Two of the patients have moved away and I've lost contact with them. I'd consider that a pretty good track record for starting "by the seat of my pants."

Time certainly has changed though and it's much easier to get started in Ortho-K. There are courses offered at every regional and national educational meeting, online courses, stand alone courses and information in all the major optometric trade journals about Ortho-K. Major players in the contact lens market are starting to promote Ortho-K to the general public also. The future of corneal reshaping (no matter what name or acronym you put on it) is brighter than it's ever been.

I'd only suggest that you follow my model for getting started as far as patient selection and initial patient choice. Pick cases that should be a "slam dunk" based on Rx and topography as well as patient expectations and provide their services at a reduced fee. Once you see the reaction on your patient's face on the first visit after overnight reshaping, you will be more than excited enough to actively promote the procedure to the rest of your patients!

Good luck, good selection and good results!

John Warren, OD



Ortho-K for Presbyopia

Bruce T. Williams O.D. , Edited by Basil H. Bloom, BSc(Hons), FCOptom

Orthokeratology has gone from periphery to mainstream since the introduction of lens materials that are safe for overnight wear. Prior to these materials was the design breakthrough, by Richard Wlodyga and Nick Stoyan , of the reverse geometry lens that can be systematically produced and reproduced by computer numeric-controlled (CNC) lathes.

The reduction of myopia has been the mainstay of orthokeratology and will probably remain as such. Myopia has been termed a world wide epidemic. (Park-Congdon). Included within these increasing numbers there is a significant segment of this population that would prefer not to have surgery to remove healthy corneal tissue to enhance their distance vision. They would, however, enjoy the freedom afforded by being less reliant on some form of corrective lenses during waking hours. Orthokeratology offers that safe and effective alternative.

With the coming of age of the baby boomers, at least in the USA, there is also a rapidly growing population of hyperopes and hyperopic presbyopes that would also welcome an opportunity to enjoy the same benefits that are available to myopes as an alternative to laser surgery. Several manufacturers are designing lenses to accomplish the reduction of hyperopia through orthokeratology. Companies such as Contex, Inc with their OP® lens, Paragon Vision Sciences CRT® lens with Proximity Control Technology and Vipok® Inc., with their Dual Geometric lenses, the Hyperopia (H-DG) and the Presbyopia (P-DG) lenses.

Innovative designs that incorporate toric reverse curves and toric alignment curves in conjunction with spherical base and peripheral curves are being experimented with in hopes of correcting greater amounts of astigmatism or simply enhancing centration.

When reshaping a cornea the most important factor to consider is the shape of the cornea at baseline. This is the reference point from which all calculations are based. These baseline measurements should not be taken lightly. They are the foundation that will determine the success of the treatment. A few serial measurements compared with the topographer's standard deviation will save countless frustrations and lens remakes later in the process. Several critical components are necessary to design an appropriate reshaping lens and would include the sagittal height of the chord diameter of the cornea to be reshaped, the eccentricity of the prolate surface of the cornea and the overall diameter of that portion of the cornea that will be impacted by the entire lens. The sagittal depth of the lens, or sag, should equal the corneal sag plus the tear layer thickness (Mountford).

Mountford's Equation: $y = 0.20x$

Where y = eccentricity, often 0.35 - 0.70; average = 0.5

x = refractive change (D)

Therefore if $y = 0.5$; $x = 2.5D$, If $y = 0.4$; $x = 2D$, If $y = 0.6$; $x = 3D$.

Some of the newer designs will reduce myopia by higher amounts (Bennett). Since Blooms Law states that at no time should a well fitting orthokeratology lens actually come into contact with the central cornea, the changes must be attributed to the fluid forces between the lens and corneal surface to be molded.(Bloom) Applying these same principles to the hyperopic designs would be expected to induce the same effect.

The myopic corrective Ortho-k lens flattens the central cornea by exerting a fluid dynamic force in this area. A hyperopic design exerts its force in the pericentral area, inducing a

steepening of the central area. The multifocal design combines both modalities.(Bloom)

Modern technology has provided corneal topographers that give the eccentricities or shape factors. Eccentricities are calculated in one or two meridians and averaged. Ideally the eccentricities in all meridians would be readily available, or at least in four, six or eight. The diameter of the treatment lens can be determined to respect the overall diameter of the cornea. With this information the perfect lens could be designed. This, however, would involve constructing a custom lens for each individual cornea. Even with computer programs that are plug and play there is significant lag time. A process that some busy practitioners would find too time consuming and too expensive, especially if it came to making minor adjustments in the lens for optimal reshaping.

An alternative to this is to use a number of lenses that have a set of standardized parameters. By organizing these lenses into a set that has a rational process on which corneal measurements can be superimposed, the appropriate lens can be selected that will allow the practitioner to easily and efficiently apply the basic principles of orthokeratology to a majority of eligible corneas. Minor adjustments can be made by increasing or decreasing the steepness of the peripheral alignment curves to fine tune the sag and thereby enhance the effectiveness of the treatment.

There are several manufacturers that offer these fitting sets to assist practitioners in selecting the proper parameters.

The Vipok Presbyopia (P-DG) lenses are offered in such a set. The lenses are designed with a central optical zone that is steeper than the surrounding cornea, followed by a narrow band of flatter curvature called the Plateau Zone. This is coupled with a series of consecutive curvatures for tear circulation and lens centering. The lens is fitted to the individual cornea by the same principles of sagittal depth calculation as in myopic Ortho-K.

Vipok Presbyopia (P-DG) lenses are intended to provide a steep central button for reading and a sloping pericentral zone for correcting hyperopia or myopia. This is accomplished by using the mean simulated keratometry measurements in diopters and the spherical equivalent of the refractive error plus the required near vision add to select the Base Curve or Back Optic Zone Radius (BOZR). The aspheric BOZR targets the total correction plus an additional +0.75 diopters in the case of the hyperope. In concert with the BOZR is the aspheric plateau zone which is approximately 10 to 15 (or even more) diopters flatter than the central BOZR and blends into the fitting zone. The plateau zone can be fashioned into a positive or negative e-value depending on whether one is treating hyperopia or myopia. The fitting zone is 10 to 20 diopters steeper than the plateau zone and brings the lens back into alignment with the peripheral cornea. The rest of the lens is the alignment curve which is aspheric and provides centration and approximately 0.10mm of edge lift to facilitate tear circulation and prevent lens binding. The anterior surface of the lens consists of a central power curve to correct the distance vision. This 6mm anterior zone includes an aspheric curve to target the add power as well. The rest of the anterior surface is a minus carrier to form a 0.12mm edge thickness. Because the refractive index difference between the lens and tear layer is not sufficient to produce enough add power with the lens in place, it is necessary to supplement the front mid-peripheral zone to provide the needed power for near. In effect, with the lens in place it is a central distance and mid-peripheral near, multifocal contact lens. Once the lens is removed the cornea becomes a central near and mid-peripheral distance, multifocal system.

The following are some results from preliminary trials.

Case Reports:

CH. 45yowf, UA VA 20/25 OU, J-6 OU.

Refraction:

OD +1.00 -0.25 X 100, 20/20

OS +0.75 -0.50 X 075, 20/20

Add: +1.25 J-1

P-DG 7.26/-1.50/10.4
7.42/-1.50/10.4

Current Refraction:

OD -0.25 -0.25 X 095

OS +0.25 -0.75 X 105

UA VA's 20/20 OU, J-1 OU

Patient TH

43yowf

Refraction:

OD +3.00 sph

OS +3.25 sph

H-DG 7.57/-0.50/10.8

P-DG 7.32/-2.00/10.8

Current:

OD Plano

OS -0.25 sph

UA VA 20/20 OU, J-1

Patient: FR

50yoaf

Refraction:

OD +0.75 sph

OS +0.75 sph

Add +2.00

P-DG 7.34/-1.75/10.4
7.24/-1.75/10.4

Current:

OD -0.25 sph

OS Plano

UA VA 20/20 OU, J-1 OU

Conclusion:

Although the precise curvatures of all the parameters were not disclosed, as they are still proprietary, these lenses, though difficult to manufacture and presumably expensive, appear to perform very well. All of the subjects were very to extremely satisfied with the vision. The most common complaint of the subjects was that the distance vision was not as sharp as with glasses or single vision contact lenses. The descriptions are similar to those heard from some simultaneous vision multifocal contact lens wearers.

These subjects have dramatically altered corneas. It would be expected that the vision is not as it has been and the perception will take some time to become as normal. Careful follow-up visits and close monitoring is essential to insure the health of the cornea and to determine the efficacy of this treatment. As with any extended wear modality, subjects must be committed to lens hygiene and wearing protocol or must be removed from the trial.

The author has no financial or proprietary interests in any of the products mentioned.

Park, DJJ and Congdon, NG - Evidence of an "Epidemic" of Myopia. *Annals Academy of Medicine Singapore* Jan 2004; 33:21-6

Mountford, J., Ruston, D., Dave, T. - *Orthokeratology, Principles and Practice.*—Butterworth-Heinemann, 2004

Ed Bennett, OD, MSEd. - *Contemporary Orthokeratology.* *Contact Lens Spectrum.* Feb., 2005.

Bloom, Basil, BSc(Hons), FCOptom. Lecture, GOS2 Toronto, Canada 2004

Top 5 “Best Practice Tips”

Nick Despotidis, O.D.

The following was written by Nick Despotidis as part of Paragon’s Best Practice Tips Program:

Since FDA approval of Corneal Refractive Therapy with Paragon CRT and more recently with Bausch and Lomb’s Vision Shaping Treatment (VST), eye care practitioners from all over the country have shown strong interest in integrating corneal reshaping within their practices. So the most commonly asked question asked by colleagues “HOW DO YOU GET PATIENTS TO SIGN UP FOR CRT/VST?” Here are some of my favorite “Best Practice Tips” for developing and expanding your CRT/VST practice.

PRACTICE MANAGEMENT:

BEST PRACTICE TIP #1: “WOW” YOUR PATIENTS!

Successful practices have found that personally calling every patient during their first week of wearing their CRT/VST lenses creates excitement about this new technology. This goes a long way to encourage future referrals into your program.

BEST PRACTICE TIP #2: SET YOUR SELF UP FOR SUCCESS!

Top CRT/VST fitters across the country average 10 to 15 “Fits per Month” adding significant revenue to their practices. Allow for 1-2 CRT/VST fits per week. If the slots are “open” or unfilled, you will automatically refocus your attention on this vital center within your office.

BEST PRACTICE TIP #3: PARENT DEMONSTRATION

A valuable demonstration tool for parents of myopic children and teens is to ask their child to view the 20/400 picture of a birthday cake. As the child struggles to see, parents are often shocked at how poorly their child sees without glasses. Presenting CRT/VST at this point often leads to conversion. Offer the CRT/VST option to all myopic children and teens before prescribing first RX.

BEST PRACTICE TIP #4: THE “WOW” FACTOR - ASK FOR REFERRALS!

Your patient is excited with their new vision! Build your practice by asking your patient to spread the word about CRT/VST during the first week or month. Thank each patient personally and inform them that many people are not aware of this new non-surgical treatment option. Hand them several of your cards or information packets and ask for referrals.

BEST PRACTICE TIP #5: COLLECT & HIGHLIGHT PATIENT TESTIMONIALS!

Grow Your Practice with patient testimonials: [“What Our Patients Are Saying About CRT/VST”!](#) Patient testimonials are a powerful marketing tool. This simple, cost-effective tactic offers the opportunity for patients considering corneal reshaping to become more comfortable with the treatment option by learning from the experience from other patients. Place testimonials on your website, use them as a screensaver in your exam lane and create a testimonial book for your reception area.

OAA Wishes To Thank It's Sponsors

The following companies provided support to the OAA in the form of funds, technical support, speakers, facilities, and resources.

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