Welcome to the Optometric Education Consultants Nashville Music City Fall Classic 2020

Welcome to our second Nashville conference. The philosophy of The Optometric Education Consultants (OEC) is to help optometrists enhance care of their patients through timely, clinically pertinent, and highly interactive education. OEC assembles top clinical educators to deliver high-quality COPE-approved continuing education in a relaxed, comfortable setting. Many conferences have been cancelled or have gone virtual, and we are honored you have chosen to spend this time with us.

Perhaps, like many of you, this is your first live conference within this new culture we now reside in, and we want you to feel comfortable. Countless hours have been spent by the hotel staff and OEC to create a safe environment that is conducive to learning. Some of these items include checking temperatures daily and asking anyone who registers 100.3 or higher to sit out for the day (with a refund of course). The wearing of masks, hand sanitizer stations, fixed seating for the weekend, and social distancing measures for meals and the exhibit hall are just a few of the steps taken to ensure your safety and comfort. This does require some additional effort on your part as well, and we appreciate your cooperation.

We could not offer the pricing, meals and guest speakers without our exhibitors and ask you to take some time to visit with them during breaks. Several gift cards will be awarded to those who participate in our touchless game. In lieu of BINGO cards, we ask you to use your cell phone and take a picture of the unique QR code that each exhibitor will provide. This information is electronically recorded, and those that visit **all** of our business partners then become eligible for the drawing.

Schedules are developed with your comfort in mind, so you have time to learn, interact with exhibitors and, very importantly, relax and enjoy yourself. Regardless of the location, our conferences are always COPE and Florida CE Broker approved. Should you need additional hours consider our webinar schedule. Below are just some of our upcoming webinars:

COURSE TITLE	DATE
Opioid Choices and Issues for Patient and Practitioner	Sunday, November 22, 2020
Mistakes to Avoid in Glaucoma Management	Sunday, November 29, 2020
Prevention of Medical Errors	Tuesday, December 1, 2020
Florida Jurisprudence	Wednesday, December 2, 2020
Human Trafficking	Thursday, December 3, 2020
Conversations in Optic Nerve and Retinal Vascular Disease	Sunday, December 6, 2020
Rules and Exceptions in Neuro-Ophthalmic Disease	Sunday, December 13, 2020
HIV and AIDS: What Every Optometrist Needs to Know	Tuesday, December 15, 2020
Neuro-Ophthalmic Disease Update	Thursday, December 17, 2020
Challenging and Controversial Topics in Glaucoma	Sunday, December 20, 2020

The website is: https://www.optometricedu.com/webinars/

We are delighted to have you here with us. We hope you enjoy our philosophy and have a great conference.

Greg, Joe, and Vanessa

Information, Awareness, & Improvement Talks

BAUSCH + LOMB

Dompé

GLAUKOS Transforming Glaucoma Therapy

maculogix the AMD experts

DIAMOND

NOVARTIS

PLATINUM

biotissue

GOLD

KONAN MEDICAL

OPTOVUE

QUIDEL

Telasight

SILVER

aerie

icare VISIONARY IN VISION www.icare-usa.com

kala PHARMACEUTICALS

MacuHealth

PHARMANEX

THE DRY EYE DOCTOR

SUPPORTERS

Allergan

Bruder Better. By Design.

Contamac

SCIENCEBASED HEALTH HYDROEYE

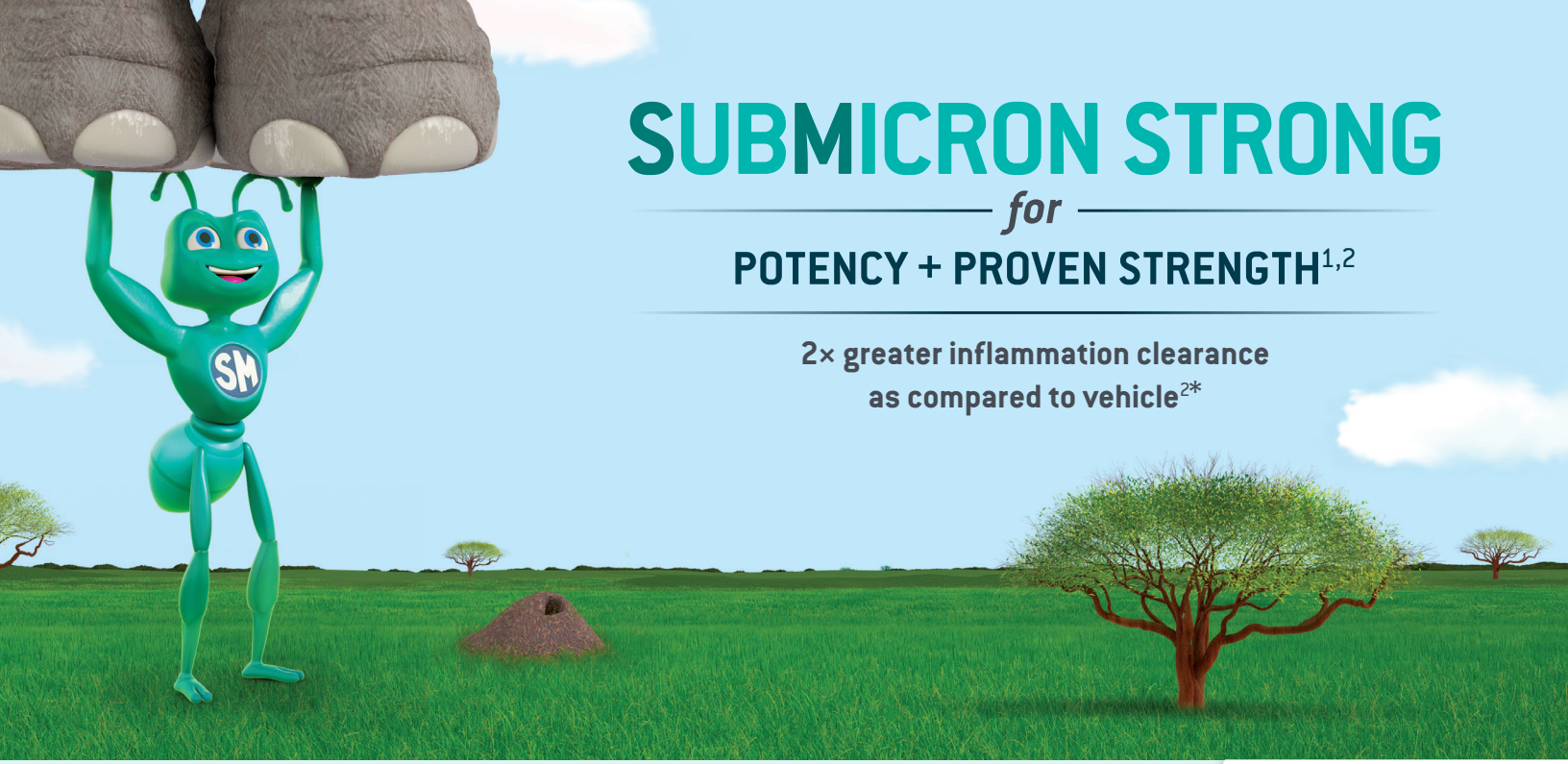
THIS ACTIVITY IS SUPPORTED BY UNRESTRICTED EDUCATIONAL GRANTS FROM SUN PHARMACEUTICALS AND ALCON.

Friday, November 13, 2020		
6:45 am – 7:30 am	Registration and Breakfast	CE Credit Hours
7:30 am - 8:00 am	**Innovation and Information Industry Partner Talk** **Dompe**	No CE credit
8:00 am – 9:40 am	**Clinical Decisions in Retina** Mark Dunbar, OD	2 hrs. CEE
9:40 am -10:10 am	Introductions and Break with Sponsors	
10:10 am – 11:50 am	**Glaucoma Gauntlet: Managing the Challenging Cases** Joseph Sowka, OD, Greg Caldwell, OD, Mark Dunbar, OD	2 hrs. CEE
11:50 am – 1:10 pm	Break with Sponsors & Lunch Talks **Novartis** **Biotissue**	
1:10 pm – 2:50 pm	**AMD A-to-OCT-to-RI-to-Z** Greg Caldwell, OD	2 hrs. CEE
2:50 pm – 3:20 pm	Introductions and Break with Sponsors	
3:20 pm - 4:10 pm	**10 Hacks for OCT Interpretation in Glaucoma** Mark Dunbar, OD	1 hr.
4:10 pm – 5:00 pm	**Hands on Prokera Workshop – Insertion & Everything You Need to Know** **Presented complementary by BioTissue**	No CE credit
Saturday, November 14, 2020		
7:00 am – 7:30 am	Registration and Breakfast	CE Credit Hours
7:30 am - 8:00 am	**Innovation and Information Industry Partner Talk** **Maculogix**	No CE credit
8:00 am – 9:40 am	**Anterior and Posterior Segment Case Presentations - Enough Pearls to Make a Necklace** **Greg Caldwell, OD**	2 hrs. CEE
9:40 am – 10:00 am	Break with Sponsors	
10:00 am – 11:40 am	**Ocular Emergencies: A Week of Walk-Ins** Lori Vollmer, OD	2 hrs. CEE
11:40 am – 1:00 pm	Break with Sponsors & Lunch Talks **B+L**	
1:00 pm – 2:40 pm	**Rules and Exceptions to the Rules in Neuro-Ophthalmic Disease** Joseph Sowka, OD	2 hrs. CEE
2:40 pm – 3:00 pm	Break with Sponsors Exhibit Hall Closes	

3:00 pm – 3:50 pm	**OCT-Angiography What You Need to Know with this New Technology** **Greg Caldwell, OD**	1 hr.
Sunday, November 15, 2020		
7:00am – 7:30 am	Check-In, & Breakfast	
7:30 am - 8:00 am	**Innovation and Information Industry Partner Talk Glaukos**	No CE credit
8:00am -9:40am	**Visual Dysfunction Following Acquired Brain Injury - What to Expect** Heather McBryar, OD	2 hrs. CEE
9:40 am – 9:50 am	Break (split room)	
9:50 am-11:30 am ***Concurrent***	**The Effectiveness of Low Vision Rehabilitation Improving Daily Living and Quality of Life** Heather McBryar, OD	2 hrs. CEE
9:50 am-11:30 am ***Concurrent***	**Prevention of Medical Errors** Joseph Sowka OD	2 hrs.
11:30 am- 1:10 pm ***Concurrent***	**Opioid Prescribing Issues for Patient and Practitioner** Greg Caldwell, OD	2 hrs. CEE
11:30 am- 1:10 pm ***Concurrent***	**Florida Jurisprudence** Joseph Sowka, OD	2 hrs.

INFORMATION, AWARENESS & IMPROVEMENT

BUSINESS PARTNERS



SUBMICRON STRONG

for

POTENCY + PROVEN STRENGTH[1,2]

2× greater inflammation clearance as compared to vehicle[2]*

SM TECHNOLOGY™

- **Engineered with SM Technology™ for efficient penetration at a low BAK level (0.003%)[1,3]**
- **~2× greater penetration** to the aqueous humor than LOTEMAX® GEL (loteprednol etabonate ophthalmic gel) 0.5%[3]

Clinical significance of these preclinical data has not been established.

LOTEMAX® SM
(loteprednol etabonate ophthalmic gel) 0.38%

SMALL & MIGHTY
SUBMICRON PARTICLES

*PROVEN STRENGTH

- **30% of LOTEMAX® SM patients had complete ACC resolution** vs vehicle (15%) at Day 8 (N=371, *P*<0.0001)[1,2†]
- **74% of LOTEMAX® SM patients were completely pain-free** vs vehicle (49%) at Day 8 (N=371, *P*<0.0001)[1,2‡]

†Pooled analysis of Phase 3 clinical studies. **Study 1:** 29% LOTEMAX® SM (N=171) vs 9% vehicle (N=172). **Study 2:** 31% LOTEMAX® SM (N=200) vs 20% vehicle (N=199); *P*<0.05 for all.

‡Pooled analysis of Phase 3 clinical studies. **Study 1:** 73% LOTEMAX® SM (N=171) vs 48% vehicle (N=172). **Study 2:** 76% LOTEMAX® SM (N=200) vs 50% vehicle (N=199); *P*<0.05 for all.

Indication

LOTEMAX® SM (loteprednol etabonate ophthalmic gel) 0.38% is a corticosteroid indicated for the treatment of post-operative inflammation and pain following ocular surgery.

Important Safety Information

- LOTEMAX® SM, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, and also in mycobacterial infection of the eye and fungal diseases of ocular structures.
- Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. If LOTEMAX® SM is used for 10 days or longer, IOP should be monitored.
- Use of corticosteroids may result in posterior subcapsular cataract formation.

Important Safety Information (cont.)

- The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation. In those with diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification such as slit lamp biomicroscopy and, where appropriate, fluorescein staining.
- Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions, steroids may mask infection or enhance existing infections.
- Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).
- Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal cultures should be taken when appropriate.
- Contact lenses should not be worn when the eyes are inflamed.
- There were no treatment-emergent adverse drug reactions that occurred in more than 1% of subjects in the three times daily group compared to vehicle.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit **www.fda.gov/medwatch** or call **1-800-FDA-1088**.

Please see brief summary of Prescribing Information on adjacent page.

References: 1. LOTEMAX SM Prescribing Information. Bausch & Lomb Incorporated. **2.** Data on file. Bausch & Lomb Incorporated. **3.** Cavet ME, Glogowski S, Lowe ER, Phillips E. Rheological properties, dissolution kinetics, and ocular pharmacokinetics of loteprednol etabonate (submicron) ophthalmic gel 0.38%. *J Ocul Pharmacol Ther.* 2019. doi: 10.1089/jop.2019;35(5):291-300.

BAUSCH + LOMB

Discover more at
www.LOTEMAXSM.com

LOTEMAX® SM
(loteprednol etabonate ophthalmic gel) 0.38%

BRIEF SUMMARY OF PRESCRIBING INFORMATION

This Brief Summary does not include all the information needed to use LOTEMAX® SM safely and effectively. See full prescribing information for LOTEMAX® SM.

LOTEMAX® SM (loteprednol etabonate ophthalmic gel) 0.38%

For topical ophthalmic use
Initial U.S. Approval: 1998

INDICATIONS AND USAGE

LOTEMAX® SM is a corticosteroid indicated for the treatment of post-operative inflammation and pain following ocular surgery.

DOSAGE AND ADMINISTRATION

Invert closed bottle and shake once to fill tip before instilling drops. Apply one drop of LOTEMAX® SM into the conjunctival sac of the affected eye three times daily beginning the day after surgery and continuing throughout the first 2 weeks of the post-operative period.

CONTRAINDICATIONS

LOTEMAX® SM, as with other ophthalmic corticosteroids, is contraindicated in most viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella, in mycobacterial infection of the eye and fungal diseases of ocular structures.

WARNINGS AND PRECAUTIONS

Intraocular Pressure (IOP) Increase: Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision. Steroids should be used with caution in the presence of glaucoma. If this product is used for 10 days or longer, intraocular pressure should be monitored.

Cataracts: Use of corticosteroids may result in posterior subcapsular cataract formation.

Delayed Healing: The use of steroids after cataract surgery may delay healing and increase the incidence of bleb formation. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. The initial prescription and renewal of the medication order should be made by a physician only after examination of the patient with the aid of magnification such as slit lamp biomicroscopy and, where appropriate, fluorescein staining.

Bacterial Infections: Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In acute purulent conditions of the eye, steroids may mask infection or enhance existing infection.

Viral infections: Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution. Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex).

Fungal Infections: Fungal infections of the cornea are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration where a steroid has been used or is in use. Fungal cultures should be taken when appropriate.

Contact Lens Wear: Contact lenses should not be worn when the eyes are inflamed.

ADVERSE REACTIONS

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. Adverse reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with infrequent optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, delayed wound healing and secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera. There were no treatment-emergent adverse drug reactions that occurred in more than 1% of subjects in the three times daily group compared to vehicle.

USE IN SPECIAL POPULATIONS

Pregnancy: Risk Summary: There are no adequate and well controlled studies with loteprednol etabonate in pregnant women. Loteprednol etabonate produced teratogenicity at clinically relevant doses in the rabbit and rat when administered orally during pregnancy. Loteprednol etabonate produced malformations when administered orally to pregnant rabbits at doses 4.2 times the recommended human ophthalmic dose (RHOD) and to pregnant rats at doses 106 times the RHOD. In pregnant rats receiving oral doses of loteprednol etabonate during the period equivalent to the last trimester of pregnancy through lactation in humans, survival of offspring was reduced at doses 10.6 times the RHOD. Maternal toxicity was observed in rats at doses 1066 times the RHOD, and a maternal no observed adverse effect level (NOAEL) was established at 106 times the RHOD. The background risk of major birth defects and miscarriage for the indicated population is unknown. However, the background risk in the U.S. general population of major birth defects is 2 to 4%, and of miscarriage is 15 to 20%, of clinically recognized pregnancies. Data: *Animal Data.* Embryofetal studies were conducted in pregnant rabbits administered loteprednol etabonate by oral gavage on gestation days 6 to 18, to target the period of organogenesis. Loteprednol etabonate produced fetal malformations at 0.1 mg/kg (4.2 times the recommended human ophthalmic dose (RHOD) based on body surface area, assuming 100% absorption). Spina bifida (including meningocele) was observed at 0.1 mg/kg, and exencephaly and craniofacial malformations were observed at 0.4 mg/kg (17 times the RHOD). At 3 mg/kg (128 times the RHOD), loteprednol etabonate was associated with increased incidences of abnormal left common carotid artery, limb flexures, umbilical hernia, scoliosis, and delayed ossification. Abortion and embryofetal lethality (resorption) occurred at 6 mg/kg (256 times the RHOD). A NOAEL for developmental toxicity was not established in this study. The NOAEL for maternal toxicity in rabbits was 3 mg/kg/day. Embryofetal studies were conducted in pregnant rats administered loteprednol etabonate by oral gavage on gestation days 6 to 15, to target the period of organogenesis. Loteprednol etabonate produced fetal malformations, including absent innominate artery at 5 mg/kg (106 times the RHOD); and cleft palate, agnathia, cardiovascular defects, umbilical hernia, decreased fetal body weight and decreased skeletal ossification at 50 mg/kg (1066 times the RHOD). Embryofetal lethality (resorption) was observed at 100 mg/kg (2133 times the RHOD). The NOAEL for developmental toxicity in rats was 0.5 mg/kg (10.6 times the RHOD). Loteprednol etabonate was maternally toxic (reduced body weight gain) at 50 mg/kg/day. The NOAEL for maternal toxicity was 5 mg/kg. A peri-/postnatal study was conducted in rats administered loteprednol etabonate by oral gavage from gestation day 15 (start of fetal period) to postnatal day 21 (the end of lactation period). At 0.5 mg/kg (10.6 times the clinical dose), reduced survival was observed in live-born offspring. Doses ≥ 5 mg/kg (106 times the RHOD) caused umbilical hernia/incomplete gastrointestinal tract. Doses ≥ 50 mg/kg (1066 times the RHOD) produced maternal toxicity (reduced body weight gain, death), decreased number of live-born offspring, decreased birth weight, and delays in postnatal development. A developmental NOAEL was not established in this study. The NOAEL for maternal toxicity was 5 mg/kg.

Lactation: There are no data on the presence of loteprednol etabonate in human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered, along with the mother's clinical need for LOTEMAX® SM and any potential adverse effects on the breastfed infant from LOTEMAX® SM.

Pediatric Use: Safety and effectiveness of LOTEMAX® SM in pediatric patients have not been established.

Geriatric Use: No overall differences in safety and effectiveness have been observed between elderly and younger patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility: Long-term animal studies have not been conducted to evaluate the carcinogenic potential of loteprednol etabonate. Loteprednol etabonate was not genotoxic *in vitro* in the Ames test, the mouse lymphoma tk assay, or in the chromosomal aberration test in human lymphocytes, or *in vivo* in the mouse micronucleus assay. Treatment of male and female rats with 25 mg/kg/day of loteprednol etabonate (533 times the RHOD based on body surface area, assuming 100% absorption) prior to and during mating caused preimplantation loss and decreased the number of live fetuses/live births. The NOAEL for fertility in rats was 5 mg/kg/day (106 times the RHOD).

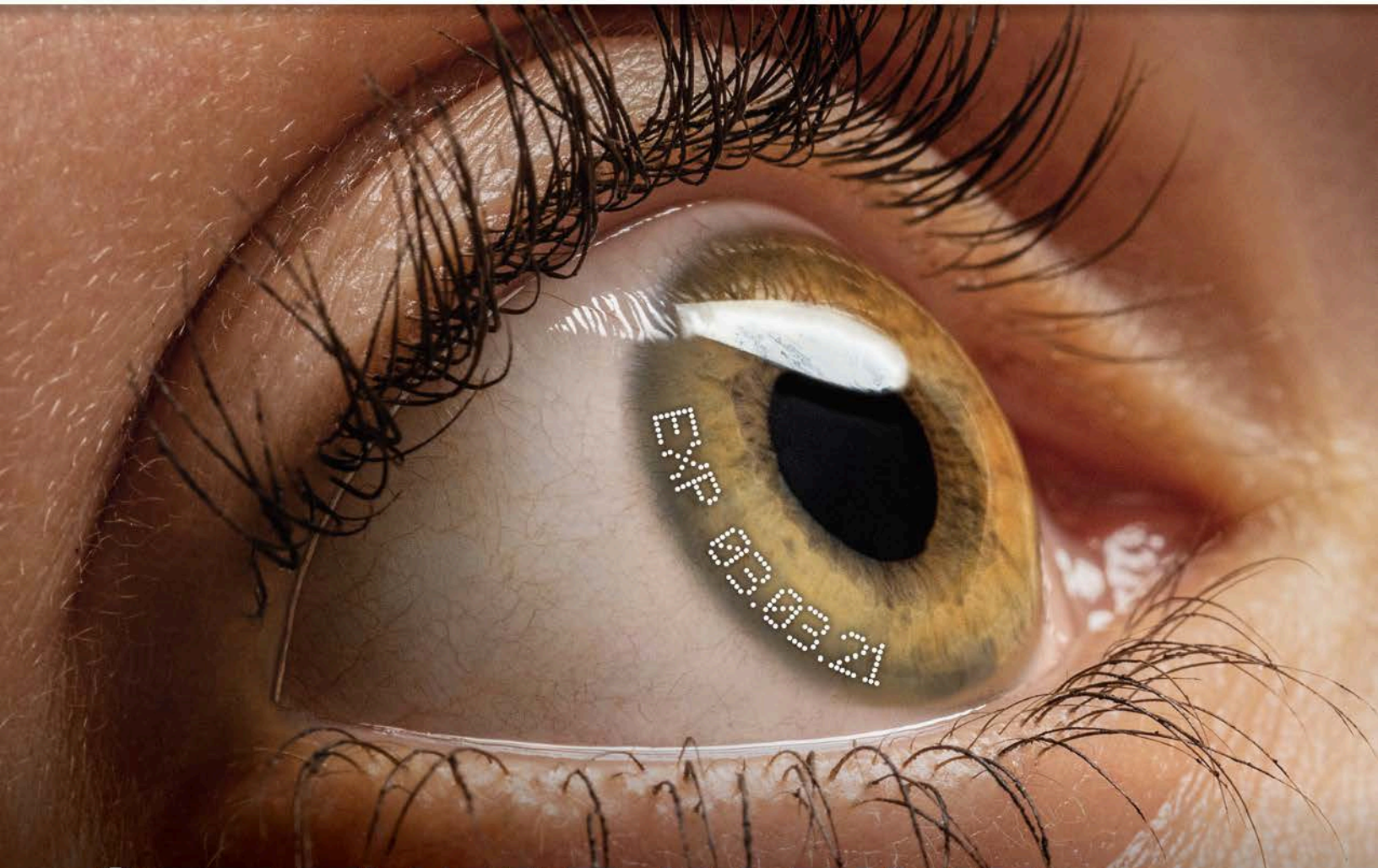
Bausch + Lomb, a division of Valeant Pharmaceuticals North America LLC
Bridgewater, NJ 08807 USA

LSM.0091.USA.19
Based on 9669600-9669700 Revised: 02/2019

iLink™
CROSS-LINKING PROCEDURE

NOW FROM GLAUKOS

Using Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution), Photrexa® (riboflavin 5'-phosphate ophthalmic solution), and the KXL® system, the iLink™ corneal cross-linking procedure from Glaukos is the only FDA-approved therapeutic treatment for patients with progressive keratoconus and corneal ectasia following refractive surgery.*[1]



GET THERE IN TIME

iLink™ is the only FDA-approved cross-linking procedure that slows or halts progressive keratoconus to help you preserve vision.

Now from GLAUKOS
LEARN MORE AT GLAUKOS.COM

INDICATIONS

Photrexa® Viscous (riboflavin 5'-phosphate in 20% dextran ophthalmic solution) and Photrexa® (riboflavin 5'-phosphate ophthalmic solution) are indicated for use with the KXL System in corneal collagen cross-linking for the treatment of progressive keratoconus and corneal ectasia following refractive surgery. Corneal collagen cross-linking should not be performed on pregnant women.

IMPORTANT SAFETY INFORMATION

Ulcerative keratitis can occur. Patients should be monitored for resolution of epithelial defects.

The most common ocular adverse reaction was corneal opacity (haze). Other ocular side effects include punctate keratitis, corneal striae, dry eye, corneal epithelium defect, eye pain, light sensitivity, reduced visual acuity, and blurred vision.

These are not all of the side effects of the corneal collagen cross-linking treatment. For more information, go to www.livingwithkeratoconus.com to obtain the FDA-approved product labeling.

You are encouraged to report all side effects to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

*Photrexa® Viscous and Photrexa® are manufactured for Avedro. The KXL System is manufactured by Avedro. Avedro is a wholly owned subsidiary of Glaukos Corporation.

REFERENCE: 1. Photrexa [package insert] Waltham, MA: Glaukos, Inc. 2016.

MA-01953A

GLAUKOS®

maculogix
the AMD experts

Adapt.
Evolve.
Grow.

As you **adapt** to the changes our industry is facing, you'll find there is also opportunity.

Discover how dark adaptation testing with AdaptDx Pro™ guided by Theia™ can help you **evolve** your approach to AMD care. Become an AMD Center of Excellence™ and unlock your potential to **grow** your practice revenue.

AdaptDx™ PRO
Guided by Theia™

Download *Practical Opportunities in AMD Management* for real-life perspectives from your fellow optometrists at maculogix.com/opportunity

DIAMOND SPONSORS

xiidra®
(lifitegrast
ophthalmic solution)5%

DÏSCOVER XÏIDRA

Check it out at
Xiidra-ECP.com

NOVARTIS

Novartis Pharmaceuticals Corporation
East Hanover, New Jersey 07936-1080

11/19

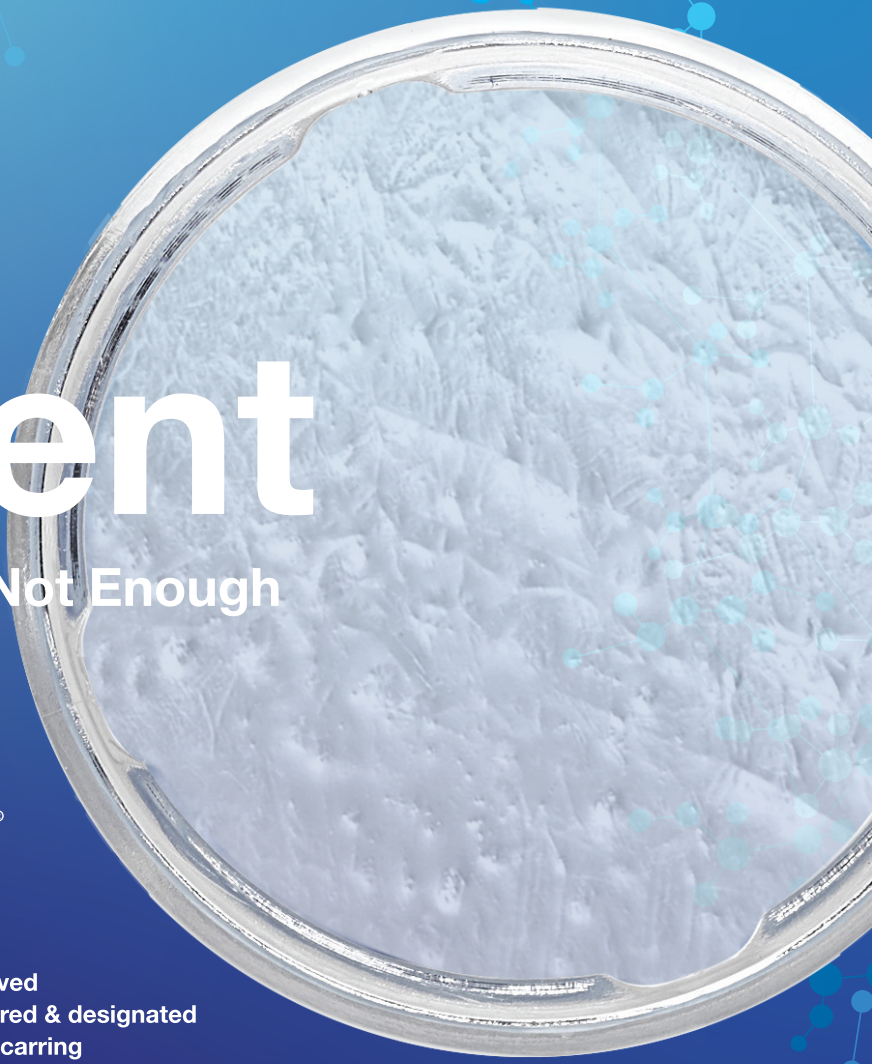
XIA-1383878

PLATINUM

biotissue®
A TissueTech Company

Find Your Wow Moment

When **Good Enough is Not Enough**



Choose PROKERA®

Contains the Only Cryopreserved Amniotic Membrane FDA cleared & designated for Anti-inflammation & Anti-scarring

Delivers Patient Satisfaction due to Premium Outcomes

Easy to Handle and Insert

Find Your Wow Moment at www.YourWowMoment.com

BT-0679 REV 02

GOLD SPONSORS

KONAN MEDICAL

EyeKinetix®

Objective, accurate, automated assessment of
Relative Afferent Pupillary Defects

A 21st century alternative to the 19th century Swinging Flashlight Method

Special Financing Available

- EyeKinetix is an order of magnitude more detailed than the finest human observer
- Objectively assess APDs in *less than 1 minute* and accurately document the findings
- Confidently delegate this important but difficult task to your technicians with confidence

KonanMedical.com | (949) 576-2200 | Sales@KonanMedical.com

2020 Year–End Promotion

AngioVue OCT Angiography

Purchase an Avanti Widefield OCT with AngioVue® OCTA by November 30th and get exceptional pricing and finance terms.

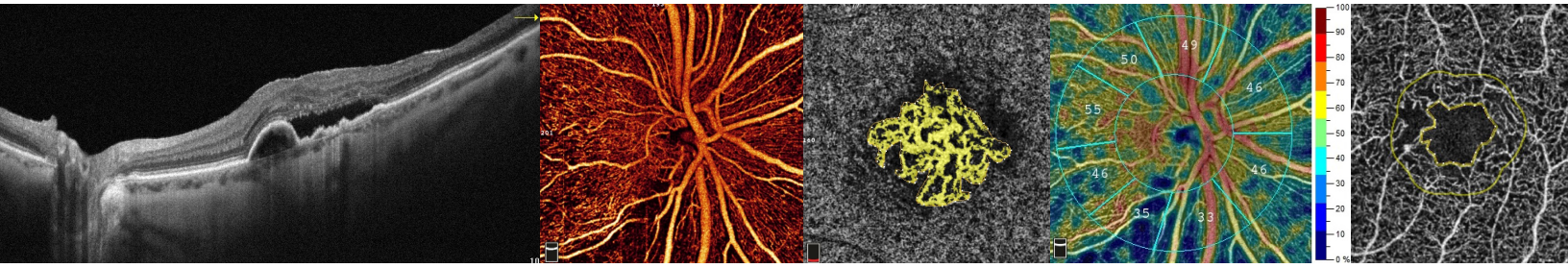
- **0% financing and $199 monthly payments for the first 12 months[1]**
- **Up to $20K for the trade-in of your existing Spectral Domain OCT[2]**

Take advantage of the Section 179 tax benefit before year-end.[3]

Avanti Widefield OCT with AngioVue® OCT Angiography

Get the comprehensive OCTA system with advanced Optovue-exclusive technology not available on other OCTs.

Retina • Glaucoma • Anterior Segment • AngioAnalytics® metrics and AngioWellness™



Looking for an Image Management Solution?

Ask us about **NetVue Cloud Image Management Software** that stores images and data from multiple diagnostic instruments in an accessible, secure, cloud-based portal.

OPTOVUE

Contact your Optovue representative today.

www.optovue.com/contact

All orders must be placed by November 30th, 2020.

1. Based on lease option of 60 months. Subject to credit approval. 2. Trade-in value dependent on system age, configuration and operating system. All systems must be in working order.
3. Please consult with your tax advisor regarding the specifics of the section 179 tax deduction.

The One and Only Indicator of MMP-9 for Dry Eye Inflammation

QUIDEL | InflammaDry®

InflammaDry is the only test that detects elevated levels of MMP-9, a key inflammatory marker for dry eye. This rapid, point-of-care test produces results in 10 minutes allowing patients to be tested and treated in the same office visit. The test is easy to perform, is minimally invasive and requires no additional equipment. InflammaDry utilizes innovative patented technology, is FDA cleared, CE marked, and CLIA waived.

Quidel is a long-standing leader in the manufacture and sale of rapid, point-of-care diagnostics. Contact your Quidel Account Manager today at **800.874.1517** to learn more about how InflammaDry can help improve the health of your dry eye patients.

quideleyehealth.com

AD1023201EN00 (01/19)

Telasight

Sign up now using the promo code
OECNASH1
to get 1 month free!

Offer valid until 11/30/20

www.telasight.com

SILVER

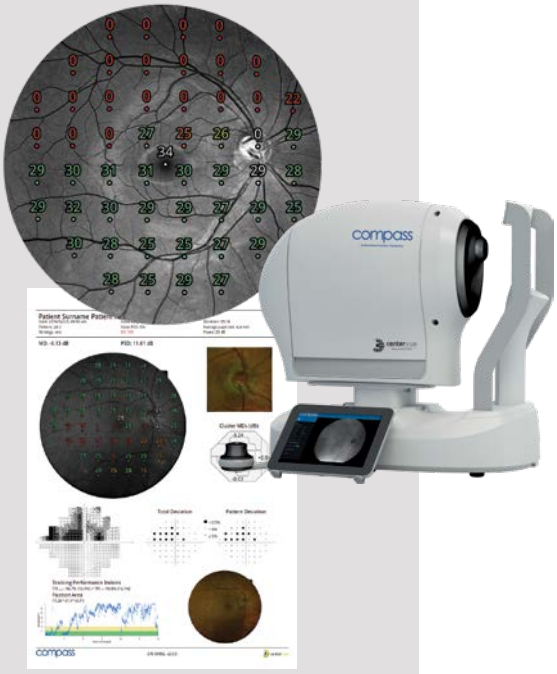

explore
DISCOVER
connect
DISCOVaerie™ Live!
A destination for the eye care community –
created for, and inspired by, you.
discovaerielive.com
aerie®
US-NA-P-0015

icare For better perception

iCare EIDON
iCare EIDON AF
iCare EIDON FA

Ultra high resolution **retinal imaging**

+ TrueColor confocal
+ Wide-field view & ultra high resolution
+ Autofluorescence imaging
+ Fully automated
+ 2.5mm minimum pupil size
+ Fluoresceine angiography



iCare COMPASS

Fundus automated perimetry

+ Real-time retinal tracking
+ Reduced test-retest variability
+ TrueColor confocal retinal imaging
+ No trial lens required
+ Up to 49% less variable than SAP

iCare DRSplus

Automated TrueColor **retinal imaging**

+ TrueColor confocal imaging
+ Ultra-high resolution
+ Fast image acquisition
+ No dilation (2.5 mm pupil size)

iCare DRS

The first fully automatic **retinal camera**

+ Fully automated non-mydriatic fundus camera
+ Full test at the press of one button
+ No dilation (4mm pupil size)
+ The telemedicine fundus camera of choice

For more information, scan,
call 888.422.7313, or
email info@icare-usa.com
www.icare-usa.com

For better perception icare

NOW APPROVED! COMING SOON

EYSUVIS™
(loteprednol etabonate ophthalmic suspension) 0.25%

kala PHARMACEUTICALS

www.EYSUVIS.com

MacuHealth

EMBRACE THE SCIENCE

For patients who want to start and end their days with **optimal vision**[1]

Ask your Eye Care Professional about our **Triple Carotenoid Formula®** clinically proven to rebuild macular pigment, improve contrast sensitivity and optimize visual performance.[1]

Clinically Tested + Gluten Free

For more information visit macuhealth.com

Faster dark adaptation, faster photostress recovery time, and reduced glare disability will improve your patients' quality of life and safety when driving or active in suboptimal conditions such as fog, rain, snow or sun glare.[2]

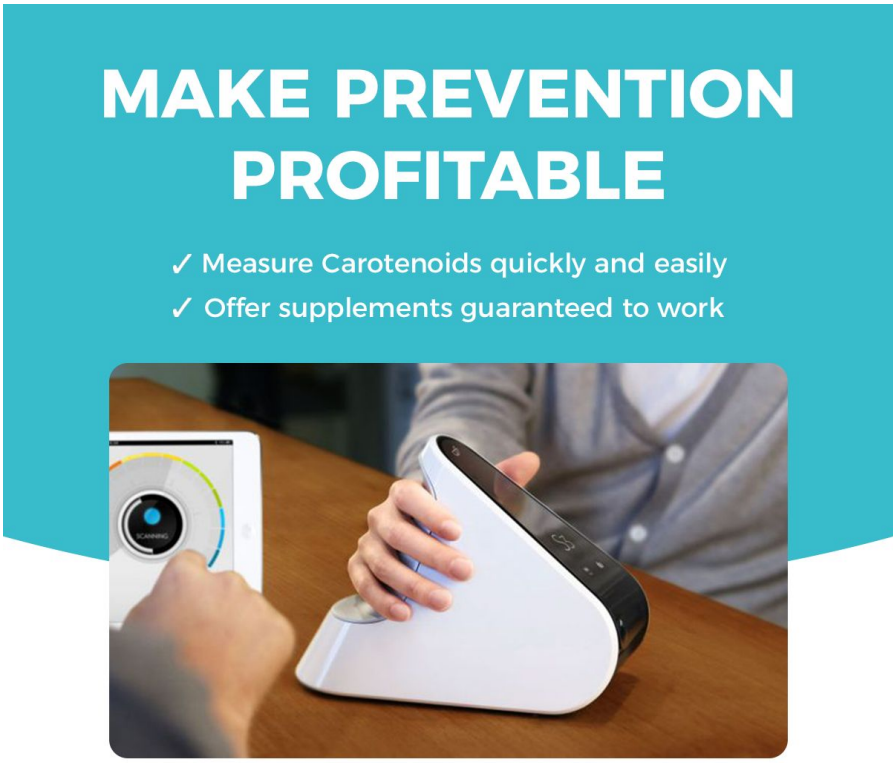
MacuHealth

Call 1-866-704-0845 Press 1 for Customer Service or email info@macuhealth.com

REFERENCES

1-2. Data on file. To request references and access to full scientific studies, email our customer service team at info@macuhealth.com.

Industry leaders like Dr. Karpecki are calling the Biophotonic Scanner the New Standard of Care for Carotenoid measurement.



Speaker : Paul Karpecki, OD

Paul currently serves as the Chief Medical Editor for Review of Optometry, the most read journal in the profession, and he is on the board of the charitable organization Optometry Giving Sight. He is the Medical Director for Keplr Vision and the Dry Eye Institutes.

“The scanner is a great opportunity for our profession at a time when optometry is in need of advancing in medical eyecare…Their whole body nutraceuticals stand out for quality…This is a tremendous opportunity for our profession to serve as healthcare providers…being proactive and showing our patients that preventative measures can be extremely effective in the prevention of many chronic diseases.”

- Paul Karpecki, OD

"The Biophotonic Scanner is Optometry's Bridge to Wellness"

Optometry has an incredible opportunity as healthcare providers to make a real difference in the overall health of our patients. Industry leaders are saying that recommending supplements can be a win/win for our profession. We should all recommend appropriate nutraceuticals but Drs. AND patients should ask some very important questions about their supplement company.

OURS	OTHERS
How many full time scientists do they employ	
70 scientists (30 PhDs in 13 different disciplins) PLUS 50 quality control specialists	?
Do they offer only eye formulas?	
Supplements for the eye AND overall health	?
Is their eye formula Areds 2 based or has it been modified?	
Areds 2 10-2 formula	?
Where are the products manufactured?	
USA	?
Do they offer any proof that their supplements work?	
Biophotonic Scanner offers quick easy testing & guaranteed results	?

EYE-CHIHUAHUA

...a premium eye compress for my delicate dry eyes

THE DRY EYE DOCTOR

MOIST HEAT EYE COMPRESS

- Antimicrobial Material
- Washable Cover
- Microwave + Oven
- Can be used for Heat and Cold

470-374-5305 • Info@thedryeyedoctor.net • www.thedryeyedoctor.net

SUPPORTER

YOUR VISION. OUR MISSION.

At Allergan® Eye Care, our goal is to protect and preserve vision. It's not just what we do—it's who we are. We've been creating innovative products and services for our providers and our patients for over 70 years, and we continue to push the boundaries of what's possible in eye care each and every day.

Allergan® Resources to Help You With Patient Care

Customer Support & Prescription Samples

1-800-416-8780
eyecaresupport@allergan.com

VIP Service

Access REFRESH® samples, patient coupons, and REFRESH® Direct eCommerce
1-833-REF-SMPL

New Graduates

Provides optometrists a dedicated Allergan® Sales Representative, product samples, patient counseling materials, and more
AllerganODJumpstart.com

Virtual Staff Education

Optimize your practice with this skill-building program for office staff
AllerganTechAlliance.com

AllerganEyeCare.com

Access patient care resources such as:
· Patient savings
· Prior authorization tools
· Patient assistance programs

CONNECT WITH #ALLERGANEYECARE

Allergan
an AbbVie company

YOUR VISION OUR MISSION

HEALTHY EYES START HERE

INTRODUCING

Bruder®

Hygienic

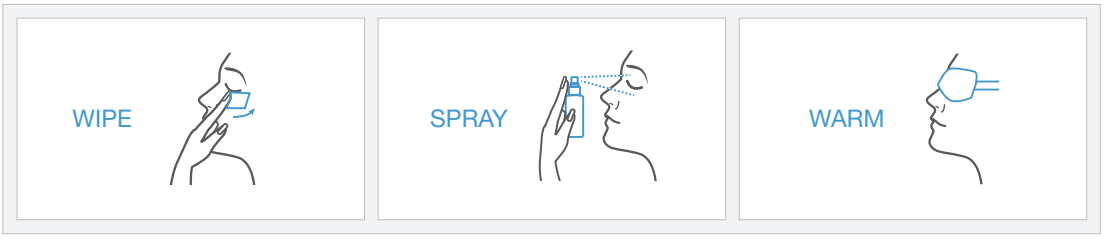
EYELID CARE KIT™

DAILY EYELID & LASH THERAPY

Recommend a simple but comprehensive approach to ocular comfort and wellness with the Bruder Family of Hygiene products.

It's easier now than ever before with the **Bruder Hygienic Eyelid Care Kit**.

PROMOTE AND PRESERVE EYELID HEALTH FOR ALL YOUR PATIENTS IN 3 EASY STEPS



ALSO AVAILABLE FOR INDIVIDUAL PURCHASE

BRUDER HYGIENIC EYELID CLEANSING WIPES

Pre-Moistened, Leave-On Formula

BRUDER HYGIENIC EYELID SOLUTION SPRAY

0.02% Pure Hypochlorous Acid Solution

BRUDER HYGIENIC EYELID CLEANSERS

Convenient Combo Pack

Bruder® | Better. By Design.

GOOD LID HYGIENE IS THE **FIRST STEP** TOWARD **IMPROVED OCULAR WELLNESS**

BRUDER HYGIENIC EYELID CLEANSING WIPES™

PRE-MOISTENED LID HYGIENE THERAPY WIPES

Individually Wrapped | Hypo-Allergenic | Convenient

Daily use ophthalmic leave-on formula wipes help remove buildup, oil, dirt, pollen and impurities to soothe and refresh irritated eyes. Specially formulated to thoroughly cleanse eyelids and lashes to enhance their receptiveness to other complimentary Bruder hygienic therapy products.

- No-rinse, leave-on formula
- Gentle enough for daily use
- Low-residue, non-soapy formula
- No stinging or burning

30 Pre-Moistened Wipes

BRUDER HYGIENIC EYELID SOLUTION™

PURE HYPOCHLOROUS ACID SOLUTION SPRAY

No Prescription Necessary | No Rinse Formula

This all-natural hygienic eyelid and eyelash spray is formulated with a pure, proprietary form of hypochlorous acid to provide effective relief from symptoms associated with blepharitis, MGD, and dry eye. The gentle no-rinse formula helps remove microorganisms, bacteria and debris around the eyelid margin.

- Contains 0.02% pure hypochlorous acid solution in saline
- Stable and pure without the additives found in other solutions
- Safe for daily long-term use
- Prescription strength, without a prescription

Availiable in 1 fl. oz and 2 fl. oz bottles

BRUDER HYGIENIC EYELID CLEANSERS LID HYGIENE COMBO PACK™

PACK OFFERS CONVENIENCE AND IMPROVES PATIENT COMPLIANCE

Contains: 30 Cleansing Wipes and 1 fl. oz. bottle of Eyelid Solution

The convenient combo pack brings two key lid hygiene components together in one package: Patients receive **Bruder Hygienic Eyelid Cleansing Wipes™** and **Bruder Hygienic Eyelid Solution™** — a perfect combination for daily eyelid and lash care.

- Single sku offers convenience to practice and patients
- Improves patient compliance
- Offers purchase value

HyClear®

The Only Balanced Anolytic Hypochlorous Acid®

for Daily Eyelid Health Management

Introducing the next generation of hypochlorous acid for essential daily eyelid health management. With a broad-spectrum of antimicrobial activity from the pure hypochlorous acid .01%, HyClear kills most ocular pathogens in 15 seconds*.

HyClear is an exclusive brand for Optometrists and Ophthalmologists for sale directly to their patients. It will provide a safe, easy to use treatment for eyelid hygiene without the high cost or hassle of being a prescription product.

Visit getHyClear.com
and create an account today!

*In solution. Reduction in microbial growth in solution has not shown to correlate with reduction of infection in patients. No clinical studies have been performed to evaluate reduction of infection.

Taking just fish oil for dry eye relief is so last century.

One omega, not found in fish oil, has been shown to relieve dry eye in a variety of clinical studies. HydroEye®'s unique, clinically tested formula provides **GLA**, *The Dry Eye Omega*, plus other key nutrients that work together to provide targeted support that patients prefer.

Effective | Easy to swallow | No smell or taste | Satisfaction guaranteed

Doctors: contact us for a free 60-day supply
SBH.com/TryHydroEye or 888-433-4726

SCIENCEBASED HEALTH®

SPEAKERS

Greg Caldwell, O.D., FAAO

Dr. Greg Caldwell, is a 1995 graduate of the Pennsylvania College of Optometry. He completed a one-year residency in primary care and ocular disease at the Eye Institute of Philadelphia, Pennsylvania. He is a Fellow of the American Academy of Optometry and Board Certified by the American Board of Optometry.

In addition to working with Doctors of Optometry as an ocular disease consultant, he is a highly respected lecturer. Dr. Caldwell lectures several times throughout the year to his colleagues. He has given over 300 lectures in numerous U.S. cities and in over 12 countries. Dr. Caldwell has been a participant in multiple FDA investigations.

Dr. Caldwell is a current member and past President of the Board of Directors for the Pennsylvania Optometric Association (POA). He currently chairs Third Party Committee of the POA and is the Board Chair of the Pennsylvania Optometric Political Action Committee. He is member of the State Government Committee for the American Optometric Association. He served 3 years on the Board of Trustees for the American Optometric Association. Currently, he is a member of the President's Council for the American Academy of Optometry (AAO).

Locally, Dr. Caldwell is the President of the Blair/Clearfield Association for the Blind and Visually-Impaired.

Dr. Caldwell has received many awards and in 2015 was awarded the Albert Fitch Memorial Alumnus of the Year from the Pennsylvania College of Optometry at Salus University.

Mark Dunbar, O.D., FAAO

Dr. Mark Dunbar has been a member of the optometric staff at the University of Miami's Bascom Palmer Eye Institute for over 30 years and currently serves as the Director of Optometric Services. He is also Co-Chairman of the Conference Advisory Board for Vision Expo.

Dr Dunbar is a Fellow of the American Academy of Optometry and is a founding member of both the Optometric Glaucoma Society (OGS) and the Optometric Retina Society (ORS). Dr. Dunbar also serves on the Editorial Boards for *Review of Optometry* where he writes the monthly column "The Retina Quiz. "

Heather McBryar, O.D., FCOVD, Diplomate, American Board of Optometry

Dr. Heather McBryar graduated with honors from Nova Southeastern University College of Optometry. She is a Fellow of the College of Optometrists in Vision Development (COVD), a candidate for Fellowship in the Neuro-Optometric Rehabilitation Association (NORA), and a Diplomate of the American Board of Optometry (ABO).

Dr. McBryar has hospital privileges at Siskin Hospital for Physical Rehabilitation and is a co-founder of the Chattanooga Area Low Vision Network. She has lectured extensively on the topics of neuro-optometric rehabilitation and low vision. Southeast Vision Rehabilitation is a performance center of NIH/NEI funded Johns Hopkins research study: Comparative Studies of Low Vision Rehabilitative Outcome Measures.

Joseph Sowka, O.D., FAAO, Diplomate

Dr. Joseph Sowka is an attending optometric physician at Center for Sight in Sarasota, Florida, a large medical-surgical practice where he focuses on glaucoma management and neuro-ophthalmic disease. He was formerly Professor of Optometry at Nova Southeastern University College of Optometry for 28 years where he served as Chief of The Advanced Care Service and Director of the Glaucoma Service at the College's Eye Institute. He was the Program Coordinator and Supervisor for the Ocular Disease Residency. Dr. Sowka is a founding member of both the Optometric Glaucoma Society and Optometric Retina Society. He is also the Founder and Chair of the Neuro-Ophthalmic Disorders in Optometry Special Interest Group for the American Academy of Optometry. Dr. Sowka is a Glaucoma Diplomate of the American Academy of Optometry. He is a partner and co-owner of Optometric Education Consultants.

Lori Vollmer, O.D., MS, FAAO

Dr. Lori Vollmer earned her undergraduate degree in Biology from the University of South Florida in 1990. She graduated with honors and distinction from Nova Southeastern University, College of Optometry in 2002. She completed a residency in ocular disease at the Aran Eye Associates in Miami, Florida in July 2003. She completed a Masters' of Science in Nutrition from the Nova Southeastern University College of Osteopathic Medicine in 2018 with an emphasis in Sports Nutrition.

Dr. Vollmer currently works at Center for Sight in Sarasota Florida where she provides comprehensive eyecare in a medical/surgical setting. Prior to joining Center for Sight, she worked in academia at Nova Southeastern University for 16 years holding the rank of Professor where she served as an Attending Physician in the Primary Care Clinic as well as the Diabetes and Macula Clinic. She served in college administration as the Director of Residency Programs for the College of Optometry for 13 years mentoring and supervising residents. Her classroom teaching experience included a course in Nutrition and Ocular Health as well as guest lectures in anterior and posterior segment ocular disease.

Dr. Vollmer has several published articles in optometric journals and has delivered numerous continuing education lectures nationally and internationally in ocular disease, trauma, medical and surgical management and nutrition. She also serves as a reviewer for optometric journal publications.

Dr. Vollmer is a Fellow in the American Academy of Optometry, Fellow in the Optometric Retina Society, member of the Optometric Wellness and Nutrition Society, member of the American Optometric Association and member of the Florida Academy of Nutrition and Dietetics (FAND).

Dr. Vollmer served on the Board of the Broward County Optometric Association for over 10 years and is a Past President of the BCOA. Dr. Vollmer also serves as a team chair consultant for the Accreditation Council on Optometric Education (ACOE).