

EAST VALLEY OPHTHALMOLOGY, LTD.
5620 E. BROADWAY ROAD
MESA, ARIZONA 85206-1438
TELEPHONE: (480) 981-6111
FACSIMILE: (480) 985-2426
INTERNET WWW.DOCTOR-HILL.COM

WARREN E. HILL, MD, FACS

DIPLOMATE, AMERICAN BOARD OF OPHTHALMOLOGY
DIPLOMATE, AMERICAN BOARD OF EYE SURGERY
CATARACT AND ANTERIOR SEGMENT SURGERY

NEAL A. NIRENBERG, MD, FACS

DIPLOMATE, AMERICAN BOARD OF OPHTHALMOLOGY
CATARACT AND COMPREHENSIVE OPHTHALMOLOGY

JONATHAN B. KAO, MD

DIPLOMATE, AMERICAN BOARD OF OPHTHALMOLOGY
CATARACT, CORNEA AND EXTERNAL DISEASE

August 17, 2017

Mr. M. Lance Patton
Optos, Inc.
67 Forest Street
Marlborough, MA 01752

Dear Mr. Patton,

My 32 years as the Medical Director at East Valley Ophthalmology in Arizona have produced some interesting revelations, two of which recently occurred while using Optomap technology. First, we probably do not see as much as we think we do and, second, there are better ways to communicate with our patients.

Using conventional exam methods, critical bits of information in the peripheral retina are sometimes difficult to visualize. And even more difficult is a simple and straightforward way to explain these findings to our patients. With an Optomap image, information about the retina is easily conveyed in an understandable way. Everyone knows how to look at a picture, and these pictures are truly worth a thousand words.

Not infrequently, the explanation from the physician, no matter how accurate and detailed, lacks clarity for the patient. With an Optomap image, the patient can see exactly what I see, making it easy to demonstrate what they need to understand. The fluorescein angiography feature for retinal vein occlusion requires almost no explanation and the image resolution is so good that I can magnify any area without the loss of image quality. There is a wonderful honesty in what is captured in an Optomap image and my patients immediately trust this. I have found that this also has an impact on how patients comply with a management plan. Looking at the same image, we are now all on the same page.

We have also used the Optomap to track retinal findings over time, such as diabetic retinopathy. While a description is good and drawings are better, neither can possibly be as good as a high-resolution image.

While Optomap is a wonderful diagnostic tool for identifying pathology in the retinal periphery, it is also helpful for uncovering diagnostic subtleties in the posterior pole, which are otherwise invisible. For example, if the edge of an area of geographic atrophy lights up on autofluorescence, that area may expand over time. This is just one of many ways that Optomap brings a new dimension to the diagnostic process.

As sophisticated as it is, this technology integrated seamlessly into the patient flow of our practice. One of its very best features is that we are able to access the device over the office network in all exam rooms, which helps to streamline and improve efficiency. Every examination lane is now an Optomap image viewing station.

Simply stated, the Optomap device has made me better at what I do. Not only because I am seeing and documenting more, but also because it facilitates a meaningful discussion with my patients in a way that is both comfortable and comprehensible.

In my opinion, Optomap is a whole lot more than fundus photography. My partners and I agree that it is certainly worth the cost.

With kindest regards,



Warren Hill, MD, FACS

WEH/tt