



3502 Kyoto Gardens Drive Suite B
Palm Beach Gardens, FL 33410

Tel: (561) 630-7120

Fax: (561) 630-7122

www.goldmaneye.com

September 24, 2018

Dear Ms. Amodei,

I wish to offer Optos my congratulations on successfully developing a truly disruptive technology. Optos has created the only device that provides effective ultra-widefield imaging. When I first encountered optomap I was impressed by the field of view but did not purchase because the device was big, and space was an issue. Then Optos introduced their ophthalmology system, the California; the size, ergonomics, ease-of-use and image quality integrated seamlessly into our practice. The staff quickly became adept at capturing and previewing the images. They often recognize when I might require further testing. For example, if they see a large cup-to-disc ratio or macular hemorrhage, they know I will want an OCT and they automatically do it. Prior to Optos we had a digital fundus camera, which required significant time and effort to acquire quality images. Conversely, optomap takes a mere second and the image is always in focus. Our fundus camera required a minimum of seven flashes through a dilated pupil to acquire the photos for a stitched montage. This was time consuming and uncomfortable for the patient. With one click, optomap captures far more of the retina with equal fidelity.

The ability to image through an undilated pupil can be extremely valuable. When a patient comes in for a one-month post-op cataract visit with 20/20 uncorrected vision, they are delighted to be imaged with optomap and out the door quickly rather than wasting time to the dilation process and remaining blurry for hours. Some patients refuse dilation; however, using optomap as a screening tool, if I see peripheral pathology, such as retinoschisis or a possible tear, showing the area of concern on the optomap helps the patient understand the need for dilation. In general, optomap images are excellent for patient education. I have patients who have been followed by retinal specialists for years, who come to me and see their retina and pathology via optomap for the first time. This helps them to better understand and comply with treatment.

Optomap has helped improve our practice efficiency; as a result, we are seeing more patients. Also, my patients appreciate seeing their images, and the positive word-of-mouth has proved to be an important practice builder. Another advantage of optomap is for medicolegal coverage. When I started imaging with optomap, I was amazed at how much further into the periphery I could see, and I occasionally found issues I had missed in patients I had seen before. Now, baseline and follow-up optomap imaging ensures I don't miss pathology and I have clear documentation of the status of the retina.

It is unfair to compare limited-field fundus cameras with Optos UWF; it is like comparing a horse drawn carriage to an automobile. Both are designed for the same purpose - one just does it much more quickly and efficiently. I believe that optomap imaging is becoming standard of care, and anyone who is not utilizing this technology is missing significant benefits. It is my pleasure to help promote the value of optomap. I am certain that, like me, any practitioner that drives one will never want to go back.

Sincerely,

A handwritten signature in black ink, appearing to read "David A. Goldman".

David A. Goldman, MD