

Medical and Surgical Eyesite, P.C.

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Emily Moriarty M.D.	Adult and Juvenile Glaucoma	Beatrice Whitaker M. D.	Comprehensive Eye Care
Vanessa Mostofsky O.D.	Pediatric Eye Care	John Pilavas M.D.	Cornea and Refractive Surgery

Dear Ms. Amodei,

As a retinal specialist at Maimonides Medical Center, I see primarily difficult cases such as diabetic eye disease, macular degeneration and uveitis. I routinely utilize imaging including SD-OCT, FA, and ICG. Over the years, I encountered optomap UWF technology at national conferences both in lectures and at product exhibits. While the single capture UWF image was impressive, I did not see it as an essential practice enhancement. Recently however, I looked at the next-generation model - the California ICG. I did an in-office evaluation and device comparison, so I could assess the value for my patients in the context of my own practice. I was very impressed by the technology and as a result, replaced our standard fundus camera with the California.

I am now a huge fan of optomap. Whether for diabetic eye disease, uveitis with vasculitis, choroidal nevi, or tumors and melanomas, optomap true UWF provides much more information than any other imaging technology. The practice benefits are two-fold. My California helps me provide better care to my patients in terms of confirming diagnoses and following treatment, and it is also an enormous asset in patient education. For example, with diabetic patients I can show the extent of capillary dropout on the UWF FA; this helps patients understand the severity of vascular and chemical changes in their eyes. This clear visualization of the disease effect helps patients understand in a much more tangible way the importance of managing their disease. With retinal tears or detachments optomap allows me to show exactly where the pathology is and how treatment will be administered.

The California device enables me to image quickly without the discomfort typically imposed by the bright flash of other cameras. In addition, it allows for simultaneous Fluorescein and ICG imaging. This translates into expedited testing time and happier patients.

As a retinal specialist, I am comfortable with an indirect ophthalmoscope and confident in my ability to thoroughly examine the retina, so for me, the most valuable feature of the California device is the UWF fluorescein angiography. This capability and the high-resolution, detailed images elevate optomap to a distinctly unrivaled place in the imaging market. Our California ICG was a sound investment and has become an integral part of the practice. I am pleased to be an advocate for this remarkable technology.

Sincerely,



Norman Saffra, MD, FACS