



STATE BOARD OF OPTOMETRY
2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



Continuing Education Course Approval Checklist

Title:

Provider Name:

- Completed Application
 - Open to all Optometrists? Yes No
 - Maintain Record Agreement? Yes No
- Correct Application Fee
- Detailed Course Summary
- Detailed Course Outline
- PowerPoint and/or other Presentation Materials
- Advertising (optional)
- CV for EACH Course Instructor
- License Verification for Each Course Instructor
 - Disciplinary History? Yes No

Cashiering and Board Use Only			
Receipt #	Payor ID	Beneficiary ID	Amount
11103	2853029	517149	50
GOVERNOR EDMUND G. BROWN JR.			



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CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title Ophthalmic Forum 2016	Course Presentation Date <div style="text-align: center; border: 1px solid black; padding: 5px;"> 1 1 / 0 3 / 2 0 1 6 </div>
--	--

Course Provider Contact Information

Provider Name Denise DeSalvo <small>(First) (Last) (Middle)</small>		
Provider Mailing Address Street 555 N 13th Ave City Upland State CA Zip 91786		
Provider Email Address denise@pacificeyeca.com		
Will the proposed course be open to all California licensed optometrists?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

corrected - submitted new applications

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name Robert Fabricant Neal <small>(First) (Last) (Middle)</small>		
License Number G30028	License Type Physician	
Phone Number (909) 9828846	Email Address denise@pacificeyeca.com	

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Denise DeSalvo
 Signature of Course Provider

10/17/2016
 Date

1-1568/285302/517149/50



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Please type or print clearly.

Course Title Ophthalmic Forum/Things I Didn't Know Last	Course Presentation Date 6:00PM to 7:00PM 1 1 / 0 3 / 2 0 1 6
--	--

Course Provider Contact Information

Provider Name Robert Fabricant Neal (First) (Last) (Middle)
Provider Mailing Address Street 555 N. 13th Ave. City Upland State CA Zip 91786
Provider Email Address denise@pacificeyeca.com
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License Number G30028 License Type CA Medical
Phone Number (909) 9828846 Email Address denise@pacificeyeca.com

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Signature of Course Provider

10/3/16 Date

Robert N. Fabricant, M.D., F.A.C.S.

Medical Director

Cataract Surgery

Pamela J. Bekendam, M.D.

General Ophthalmology

Peter D. Bekendam, M.D.

General Ophthalmology

Andrea S. Ching, M.D.

General Ophthalmology

Emily E. Cook, D.O.

Glaucoma

Jesse A. Dovich, M.D.

General Ophthalmology

Joseph F. Fleming, M.D.

Cornea & Refractive Surgery

Mila J. Heersink, M.D.

Cornea and General Ophthalmology

Roger Novack, M.D., Ph.D., F.A.C.S.

Retina and Vitreous

Firas M. Rahhal, M.D.

Retina and Vitreous

Richmond E. Roeske, M.D.

Refractive Surgery

General Ophthalmology

Nathan J. Rudometkin, M.D.

Retina and Vitreous

Erika B. Sanchez, M.D.

Cornea and General Ophthalmology

Carl S. Shibata, M.D.

Oculoplastics and Orbit

Priscilla Songsanand, M.D.

General Ophthalmology

Leena G. Adhikari, O.D.

William Bescoby, O.D.

Kenneth Bracken, O.D.

Jennifer Dovich, O.D.

Donald H. Spaulding, O.D.

Danny Vu, O.D.

Denise DeSalvo

Administrator

1981 - 2016

35

YEARS OF
EXCELLENCE

555 N. Thirteenth Avenue

Upland, CA 91786

909/982-8846

800/345-8979

FAX 909/949-3967

8112 Milliken Avenue, Suite 203

Rancho Cucamonga, CA 91730

909/945-3563

Laser Center 909/945-9400

FAX 909/945-9450

11959 Mariposa Road

Hesperia, CA 92345

760/956-1100

FAX 760/956-4705

12442 Limonite Avenue, Suite 200

Eastvale, CA 91752

951/737-4000

FAX 951/737-4040

121 S. Seventh Avenue, Suite B

Barstow, CA 92311

760/256-8791

FAX 760/256-8710

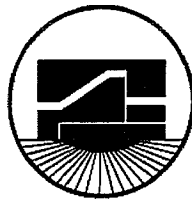
41877 Enterprise Circle North, Suite 110

Temecula, CA 92590

951/296-2244

FAX 951/296-3602

www.pacificyelaser.com



PACIFIC EYE INSTITUTE

October 3, 2016

Board of Optometry
2420 Del Paso Road Suite 255
Sacramento, CA 95834-9674

RE: Continuing Education Course Approval – **SECOND REQUEST**

I am submitting the following course for CEC approval. The required forms are enclosed for your review and approval, physicians CV's and presentation outlines with the course description below. **Please accept this second revised request for approval since we were unaware of the new application guidelines when the initial application was submitted. We have submitted and been approved annually by the Board of Optometry for the last 28 years and would greatly appreciate consideration of the same this year. Now that we are aware of the new protocols, they will be strictly followed in subsequent years. Our initial application included a \$50 check, this application is being submitted with an additional \$150.00, for a total amount of \$200.00 (\$50 per instructor).**

Ophthalmic Forum 2016
Radisson Hotel
2200 E. Holt Blvd.
Ontario, CA 91761
November 3, 2016
6:00 pm to 10:00 pm

If you have any questions, please call me.

Thank you in advance for your assistance.

Denise DeSalvo,
Administrator / Program Coordinator

Robert N. Fabricant, M.D., F.A.C.S.

Medical Director
Cataract Surgery

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Ophthalmic Forum 2016
Radisson Hotel
2200 E. Holt Blvd.
Ontario, CA 91761
October 27, 2011
6:00 pm to 10:00 pm

If you have any questions, please call me.

Thank you in advance for your assistance.

Denise DeSalvo,
Administrator / Program Coordinator

OPHTHALMIC FORUM 2016

NOVEMBER 3, 2016

THE FOLLOWING COURSES WILL BE PRESENTED AT ONE EVENT ON THE EVENING OF NOVEMBER 3RD. EACH COURSE IS REQUESTING ONE HOUR OF CE. THE COURSE WILL BE FOUR HOURS IN DURATION. WE ARE REQUESTING A **TOTAL OF FOUR HOURS CE**

COURSE TITLE

INSTRUCTOR

6:00pm-7:00pm

“THINGS I LEARNED THIS YEAR
THAT I DIDN'T KNOW LAST YEAR”

ROBERT N FABRICANT, MD

7:00pm-8:00pm

“OPTIWAVE REFRACTIVE ANALYSIS TO IMPROVE
REFRACTIVE OUTCOMES OF CATARACT SURGERY”

RICHMOND E ROESKE, MD

8:00pm-9:00pm

“DIABETIC EYE DISEASE” NATHAN J. RUDOMETKIN, MD

9:00pm-10:00pm

“WEIRD EYE ORGANISMS”

JOSEPH F. FLEMING, MD

Things I Learned This Year

That I Didn't Know Last Year

Robert N. Fabricant, MD

An in depth overview of new technologies emerging for the assistance of capsulorhexis in cataract surgery, the benefits and adverse events noted in recent case studies. The laser assistance claims to offer a safer more controlled capsulorhexis, however there is a noted increase in Herpes Simplex Keratitis (HSK) following surgery with Femtosecond laser. Also reviewed, post surgical outcomes do not show a benefit in vision, or ocular stability over traditional capsulorhexis. Multiple slides used as reference for inter procedural surgical examples, as well as appearance of post operative HSK.

Things I Learned This Year That
I Didn't Know Last Year
Robert N. Fabricant, MD

Degradation of Drugs Beyond Expiration Dates

The Magic of Metoprolol

What Is Your Diagnosis? (Unknowns)

Surgical Mishaps (Not mine)


Things I Know This Year That I Didn't Know Last Year

Robert N. Fabricant, M.D.

LENS DISLOCATION
 ZEPTO CAPSULOTOMY
 ULTRA Q YAG LASER
 HERPES ACTIVATION
 MOLLUSCUM CONTAGIOSUM
 OUTDATED DRUGS
 ALZHEIMER'S DISEASE
 METFORMIN


Dislocated IOL'S

- 1.Reposition
- 2.Reposition with suture
- 3.Replace
- 4.Do Nothing
- 5.Turf to VA



Traumatic


Dislocated IOL'S




Before After

Dislocated IOL'S


- 1.Exchange
- 2.Suture to ciliary sulcus
- 3.Suture to iris
- 4.Do nothing
- 5.Turf to Dovich




Dislocated IOL'S



Dislocated IOL'S




Before




After

Dislocated IOL'S


- 1.Reposition in bag
- 2.Suture to iris
- 3.Exchange
- 4.Do nothing
- 5.Refer to Singapore



Dislocated IOL'S




Before



After

LENS DISLOCATION
ZEPTO CAPSULOTOMY
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 OUTDATED DRUGS
 ALZHEIMER'S DISEASE
 METFORMIN

Zepto Precision Pulse Capsulotomy (by Mynosys)



New System for Capsulorhexis

Circular applicator sucks onto capsular bag to trap and heat surface water molecules in 4 milliseconds, which rapidly expand and cleave tissue.

The strength of the resulting cut's edge is 2-4 times greater than laser-generated capsulorhexis.

Our platform cost \$2,000 with single-use handpieces at \$110.

These can be inserted through 2.2 mm incisions. 510(k) clearance is reportedly due this year.

Alternative to femtosecond laser capsulotomies with systems costing \$500,000.

There is no evidence that making capsulorhexis with laser improves clinical outcomes.

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METFORMIN

UltraQ Reflex YAG Laser (by Ellex Medical). Coaxial YAG Laser for Treatment of Floaters



Reported results in a 70% reduction in floaters in a single treatment and an up to 90% reduction with two treatments.

Controversial because eliminating floaters not regarded as medical necessity.

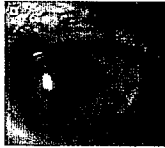
LENS DISLOCATION
ZEPTO CAPSULOTOMY
ULTRA Q YAG LASER
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Recurrent Herpes Simplex Keratitis Following Femtosecond Laser Keratomies

One week after treatment



Nine months after treatment
New dendrite appeared contiguous with inferior keratotomy.



LENS DISLOCATION
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MOLLUSCUM CONTAGIOSUM
OUTDATED DRUGS
ALZHEIMER'S DISEASE
METFORMIN

Chronic Conjunctivitis
and Pox

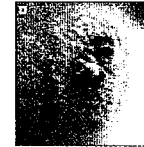
10-year-old boy with a six month history of intermittent redness, swelling and itching, resistant to topical steroids and antibiotics for staphylococcal blepharitis. All cultures were negative.



Patient had nontender preauricular lymph node and raised erythematous papule on upper cheek.



Papules were diagnosed as warts by patient's dermatologist.



Molluscum contagiosum is caused by a pox virus that presents as a focal dome-shaped skin papule, often umbilicated in the center.

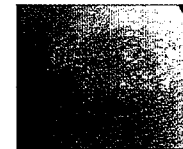
Biopsy demonstrates cytoplasmic eosinophilic inclusion bodies.

Pox virus particles can only be seen with electron microscopy.

The only known host of Molluscum contagiosum is humans. The infection is self-limited.

There is conflicting evidence on the efficacy of therapeutic regimens, including cryotherapy, curettage, oral cimetidine, topical cantharidin, salicylic acid and others.

Oral cimetidine is a histamine H2 receptor blocker with additional immunomodulatory properties that have been used with some success in this condition.



Two months after treatment with oral cimetidine, the patient's elbow lesions have almost resolved.

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Drugs Past Their Expiration Dates

There are no published reports of human toxicity due to ingestion, injection or topical administration of a current drug formulation after its expiration date.

Renal tubular damage has been reported with use of degraded tetracycline in a formulation that is no longer available.

Expiration date is based on the stability of the drug in the original sealed container.

That date does not necessarily mean that the drug was found to be unstable after a longer period.

Most drug products have a labeled shelf life of 1-5 years. Once the original container is open, that expiration date on the container no longer applies.

Data from the U.S. Department of Defense demonstrates that stability of drug products past their expiration date has shown that 88% of 122 different products stored in unopened original containers remain stable for an average of 66 months after their expiration date.

In general, retained potency varies with the drug, the lot, the preservatives, the storage condition, particularly heat and humidity.

Many solid dosage formulations stored under reasonable conditions in unopened containers retain 90% of their potency for at least five years after the expiration date.

Solutions and suspensions are less stable.

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Alzheimer's Disease

Alzheimer's disease is the most common cause of dementia with a worldwide prevalence of about 25 million in 2010, expected to double by 2030 because of increased life expectancy.

Alzheimer's Disease

The earliest recognizable pathological event in Alzheimer's disease is cerebral β -amyloid accumulation.

Alzheimer's Disease

As measured by amyloid biomarkers in CSF or by positive electron tomography (PET), it appears that a 20-30 year interval exists between the first development of amyloid positivity and the onset of dementia.

β -amyloid plaques associated with AD appear not only in post-mortem brains but also in post-mortem retinas.

Researchers at Cedars-Sinai have developed a non-invasive retinal imaging device designed to detect amyloid.

Early diagnosis allows for comprehensive program of management including healthy eating, exercise, brain training & metabolic & vascular risk factors.

Dementia and Glucose Levels

Higher glucose levels appear to be a risk factor for dementia, even among persons without diabetes.
(New England Journal of Medicine 7/23/2015)

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Metformin: Anti-aging

Researchers at the National Institute of Aging have demonstrated that Metformin increased lifespan of middle-aged mice.

Mice who received the drug had a 5.83% increase in lifespan when compared to the control group.

These mice had improved general fitness and weighed less compared to the control group, though they consumed more calories.

At higher doses, the drug had a toxic effect in mice, showing a 14.4% shorter lifespan when compared to mice who did not receive the drug. This may be attributable to renal failure.
(Published in Nature Communications)

Metformin is a caloric-restriction mimetic that targets aging pathways. It has been found to extend lifespan and reduce risk or delay the development of some late-onset diseases including dementia, cardiovascular disease, diabetes and some cancers.

Metformin and Reduced Risk of Open-Angled Glaucoma

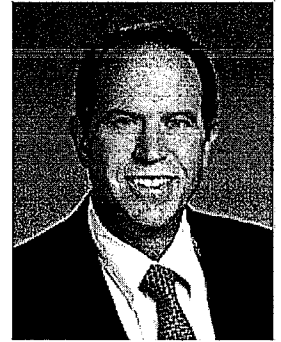
Study from University of Michigan recently demonstrated that type II diabetics on Metformin therapy experienced a 21% reduction in the risk of developing open-angle glaucoma.

Other oral antihyperglycemic medications did not confer a similar risk reduction.

Open-angle glaucoma now appears to be added to the list.

FIN

Robert N. Fabricant, M.D., F.A.C.S.



PROFESSIONAL CREDENTIALS *Dr. Fabricant limits his practice to refractive and anterior segment surgery. He has performed over forty-five thousand surgical procedures. He has been an invited speaker at national and international meetings, He is the Medical Director and Founder of Pacific Eye Institute in Upland.*

EDUCATION 1966 - 1970 Bachelor of Arts, *Cum Laude*, Washington University, St. Louis, Missouri
1970 - 1974 M.D., University of California, San Diego, California

PROFESSIONAL TRAINING 1974 - 1975 Internship in Medicine, UCLA-Harbor General Hospital, Torrance, California
1978 - 1981 Residency in Ophthalmology, LSU Eye Center, New Orleans, Louisiana

FELLOWSHIP 1975 - 1978 Research Scientist, National Institutes of Health, Bethesda, Maryland

BOARD CERTIFICATION

- American Board of Ophthalmology

PROFESSIONAL AFFILIATIONS

- American Academy of Ophthalmology
- American Society of Cataract and Refractive Surgery
- California Association of Ophthalmology
- San Bernardino County Medical Society
- American College of Surgeons

HOSPITAL POSITIONS

- Medical Staff Secretary, San Antonio Community Hospital, 1985
- Chairman, Ethics Committee, San Antonio Community Hospital, 1992

PUBLICATIONS

- Dr. Fabricant is the senior author of fourteen scientific articles in peer-reviewed journals including *Proceedings of the National Academy of Science, Lancet, New England Journal of Medicine, Journal of the American Intra-Ocular Implant Society* and others.

PATENTS HELD

- Fabricant System (manual device for cataract removal), 1985
- Intra-ocular lens design, 1985

BOARD POSITIONS

- Board of Directors, Healthtek, Grass Valley, California, 1987 - 1990
- Board of Directors, Creative Medical Devices, Grass Valley, California 1993
- Board of Directors, Quality Eyecare Alliance (QEA), Walnut Creek, California, 1995 - 1997
- Board of Trustees, Dunn School, Los Olivos, California, 1997 - 2000

INVESTIGATIONAL STUDIES

- Investigator for the FDA STAAR Surgical Study on the Visian phakic intra-ocular lens (ICL).

AWARDS

- Dr. Fabricant was recognized as Inland Empire Top Doctor, as published by the Washington D.C. based Center for the Study of Services, which was compiled by asking other doctors whom they most recommended for treatment. This honor was achieved on all three editions of survey. Dr. Fabricant was also chosen as a Top Doctor by Castle Connolly Medical Ltd.

OUTSIDE INTERESTS

- Dr. Fabricant has completed triathlons and three marathons including The Boston Marathon.
- Dr. Fabricant is a multi-engine instrument rated pilot.
- Dr. Fabricant is an avid dancer of Argentine tango.

PACIFIC EYE INSTITUTE

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Please type or print clearly.

Course Title Ophthalmic Forum/Improve Refractive Outcom	Course Presentation Date 7:00 PM to 8:00 PM 1 1 / 0 3 / 2 0 1 6
--	--

Course Provider Contact Information

Provider Name Robert Fabricant Neal (First) (Last) (Middle)		
Provider Mailing Address Street 555 N. 13th Ave. City Upland State CA Zip 91786		
Provider Email Address denise@pacificeyeca.com		
Will the proposed course be open to all California licensed optometrists?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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Instructor Name Richmond Roeske (First) (Last) (Middle)		
License Number A064048	License Type CA Medical	
Phone Number (909) 9828846	Email Address denise@pacificeyeca.com	

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

[Signature]
 Signature of Course Provider

10/3/16
 Date

Optiwave Refractive Analysis to Improve

Refractive Outcomes of Cataract Surgery

Richmond E. Roeske, MD

In depth overview of the optiwave refractive analysis technology for cataract surgery. This new system obtains measurements for IOL power to be used during surgery; post emulsification of crystalline lens. The benefits of obtaining measurements post removal of cortex are many; Enhanced post surgical refractive outcomes and more controllable outcomes when toric IOL is used. Reasons behind improved outcomes: absence of lenticular astigmatic interference. Multiple slides used for examples of surgical use of new technology. Statistics of recent studies showing benefits used as well.

Refractive Outcomes of Cataract Surgery

Richmond E. Roeske, MD

- A. New technology review
 - 1. What is it?
 - 2. How does it work?
- B. Specific Applications
 - 1. Post refractive patients
 - 2. Toric IOL measurement and placement
 - 3. Conventional IOL measurement and limbal relaxing incision measurement and placement
- C. Surgical Video's
- D. Refractive outcomes of patients treated to date

Optimizing Refractive Outcomes of Cataract Surgery Utilizing Optiwave Refractive Analysis (ORA)

Richmond E. Roeske, MD
Pacific Eye Institute

Alcon® Cataract Refractive Diagnostics Empowering Decision Making

Verion™
Image Guided System

ORA™ System
Refractive Analysis

Alcon | **Advancing** | **DiagnosTics**

Cataract Surgery Outcomes

41% +0.25D
71% +0.5D
97% +1.0D

Patient expectations are at an all-time high for refractive surgery. Positive experiences with LASIK have produced high expectations. 92.6% of LASIK patients achieve vision of 20/40 or better. 95.4% of patients were satisfied with their outcome after LASIK surgery.*

Cataract surgery outcomes may not be meeting the target of +0.5D that is widely considered to be the standard.

Alcon | **Advancing** | **DiagnosTics**

Factors limiting refractive outcomes

- Accuracy of Pre-operative measurements
- Biometric conditions
 - Anterior vs Posterior Chamber measurement
- Accounting for Surgically Induced Changes
 - Information Assisted Plan
 - Amount post Incision
 - Axis post Incision
- Anterior Chamber Management
 - IRI placement and power
 - Toric alignment

Cataract Refractive Surgery Patient Outcomes

Evolution of Modern Cataract Surgery

Foundational Step of Cataract Refractive Surgery

ASTIGMATISM MANAGEMENT

Cataract Surgery | **Advancing** | **DiagnosTics** | Cataract Refractive Surgery

Alcon® Cataract Refractive Diagnostics The Complementary Roles

Verion® Image Guided System

- Streamlined process for developing and communicating your surgical plan throughout the procedure
- Integrates the Cataract Refractive Suite

Each step and piece of equipment in your suite ready to execute toward your plan and targeted goal.

ORA™ System with VeriFeyes4™ Technology

- Verification and refinement of your pre-op plan.
- Streaming Real-time feedback when it matters most.

The ability to "call an audible": Analyze and respond to new information during "game-time" to enhance decision making.

Alcon | **Advancing** | **DiagnosTics**

Alcon® Cataract Refractive Diagnostics
Empowering Decision Making

Verion™
 IMAGE PLAN GUIDE VERIFY

ORA™ System

PROCESS
 Image Guide System

VERIFICATION
 Case Analysis

Alcon **Advancing**
 Diagnostics Cataract Surgery

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ORA™ System
What is the ORA™ System?
 Optiwave Refractive Analysis

ORA™ System

- VeriEye+™ Technology**
 Real-Time, Intraoperative refractometer:
 Utilizes wavefront aberrometry to assess the refractive power of the eye
- AnalyzeOR™ Technology**
 Dynamical algorithms powered by a growing database of ACTUAL completed ORA™ System cases
 Outcomes optimization, reporting and analytics system

Rapidly approaching 500,000 completed ORA™ System cases

Clinically Proven in cataract procedures

- Adaptable Outcomes*
- Post Refractive Hypoxia Risk Outcomes†

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 Diagnostics Cataract Surgery

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ORA System with
VeriEye+™ Technology

SURGEON NAME
 Richmond E. Roeske, M.D.

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The ORA™ System with VeriEye+™ Technology
Generations of Development

Clinically Proven^{1,2}

Real-Time Guidance, Real Outcomes^{1,2}

ORA™ System with VeriEye+™ Technology. The next advancement from the leader in Intraoperative aberrometry

Alcon **Advancing**
 Diagnostics Cataract Surgery

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The ORA™ System with VeriEye+™ Technology:

Part of the Cataract Refractive Diagnostics Portfolio by Alcon

Alcon

ORA™ System
What does VeriEye+™ Technology provide?

- Real-Time, Streaming aphakic and pseudophakic refractions
- Anterior and posterior corneal cylinder assessment
- Aphakic and pseudophakic IOL sphere, cylinder, and alignment recommendations
- Intuitive, dynamic guidance reticle in the right ocular
- Limbus Relaxing Incisions guidance

Streaming Guidance, 1° Precision

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 Diagnostics Cataract Surgery

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ORA™ System with VeriEye™ Technology LRI Guidance

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Cataract Surgery

AnalzyOR™ Technology
Outcomes Analysis & Astigmatism Management Reports

Surgeon and Global data defaults

- 18 months of surgeon data
- 12 months of global data

Outcomes Analysis Reports

- Absolute Prediction Error
- Actual Prediction Error
- UCDA

Astigmatism Management Reports

- Double Angle Vector Plot
- PreOp Keratometry Astigmatism
- Post Op Refractive Cylinder
- Cumulative PostOp Cylinder Distribution
- UCDA

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Advancing
Cataract Surgery

ORA™ System
Generations of Development

Ocular Vergence Accommodation Sensor
DVAS Fringe Pattern

VeriEye™ Dynamic Reticle
Prototype

VeriEye™ Dynamic Reticle & VeriEye™ DFH
Image Guided Aberration

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Cataract Surgery

ORA™ System with AnalzyOR™ Technology
Gold & Platinum Optimization

Alcon
Advancing
Cataract Surgery

When you're ready, AnalzyOR™ is ready!

ORA™ System
What does the AnalzyOR™ Technology provide?

- Dynamic set of algorithms powered by ACTUAL completed ORA™ System cases
- Provides Gold Optimization - globalized surgeon factors
- Enables Platinum Optimization - personalized surgeon factors
- Automated delivery of outcomes reporting and analytics
- Customizable outcomes reports
- Daily system verification and diagnostic checks
- PostOp case access and live clinical review

Alcon
Advancing
Cataract Surgery

When you're ready, AnalzyOR™ is ready!

ORA™ System with VeriEye™ Technology

Clinical Studies

Cataract procedures with the ORA™ System have shown:

- Improved Astigmatic Outcomes!
 - Proven to improve Tonic IOL outcomes. Reduces % of patients falling outside of intended astigmatic target by over half
- Post-Refractive Myopic - Lens Power Selection!
 - Proven to significantly increase accuracy of lens power selection and decrease prediction error in prior myopic LASIK patients

Alcon
Advancing
Cataract Surgery

ORA™ System with VeriEye™ Technology
Improved Astigmatic Outcomes

12.6% ADDITIONAL patients' outcome achieved intended target.¹

This clinical study demonstrates cataract procedures using the ORA™ System with VeriEye™ Technology resulted in better astigmatic outcomes.¹

Method	Percent of Patients Within ±0.50 D of Intended Target at One Month
ORA	87.4%
Conventional	74.8%

Percent of Patients Within ±0.50 D of Intended Target at One Month
 n = 118 patients, p = .008

Alcon | **Advancing**
 Cataract Surgery | Refractive Diagnostics

PRIOR MYOPIC REFRACTIVE SURGERY PATIENTS

Cataract surgeries using the ORA™ System have been proven to significantly increase the accuracy of final power selection and decrease prediction error in prior myopic LASIK patients. Peer reviewed study, published in Ophthalmology, Jan 2014.

Refractive Outcome	ORA Group (n=18)	Conventional (n=18)	Mean ± SD (D)	Mean ± SD (D)
±0.25 D	10 (55.6%)	10 (55.6%)	0.00 ± 0.25	0.00 ± 0.25
±0.50 D	14 (77.8%)	14 (77.8%)	0.00 ± 0.50	0.00 ± 0.50
±1.00 D	18 (100%)	18 (100%)	0.00 ± 1.00	0.00 ± 1.00

Percent of Patients achieving outcomes within ±0.50 D of target:
 Conventional preoperative methods = 46%
 Using the ORA™ System = 67%

Alcon | **Advancing**
 Cataract Surgery | Refractive Diagnostics

ORA™ System with VeriEye™ Technology
Improved Astigmatic Outcomes

53% FEWER patients' outcome fell outside the intended target.¹

This clinical study demonstrates cataract procedures using the ORA™ System with VeriEye™ Technology resulted in better astigmatic outcomes.¹

23.4% OUTSIDE OF TARGET
 10.3% OUTSIDE OF TARGET

53.8%

Percent of Patients Within ±0.50 D of Intended Target at One Month
 n = 311 patients, p = .008

Alcon | **Advancing**
 Cataract Surgery | Refractive Diagnostics

ORA RESULTS

- 55/84 – 65% changed power based on ORA
- 22/55 – 40% changed by 0.25 D
- 21/55 – 38% changed by 0.5 D
- 04/55 – 7% changed by 0.5 – 1.0 D
- 08/55 – 15% changed by > 1 D
- 7/8 changed by > 1 D were post refractive

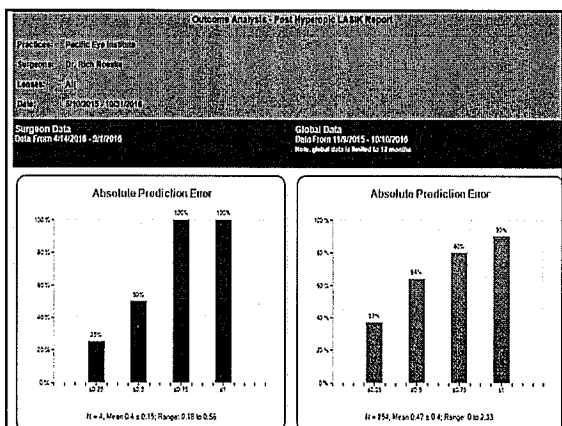
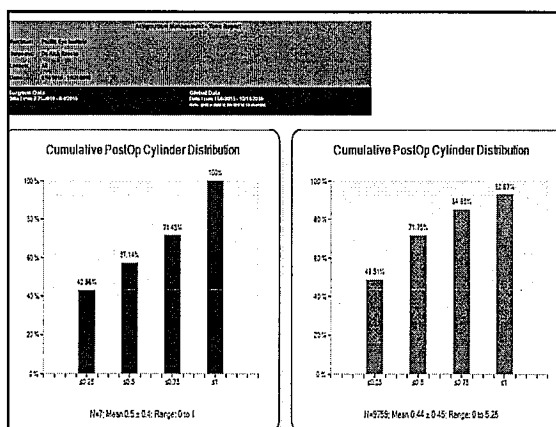
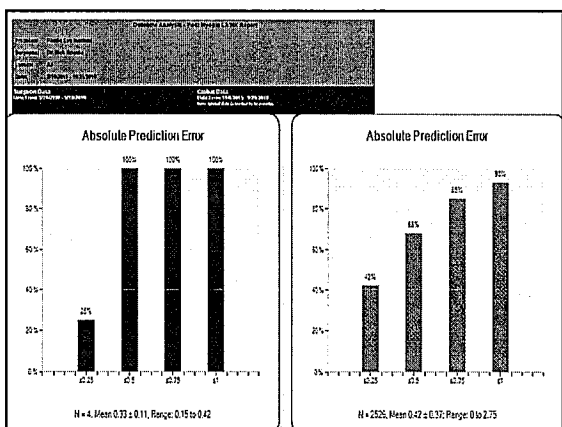
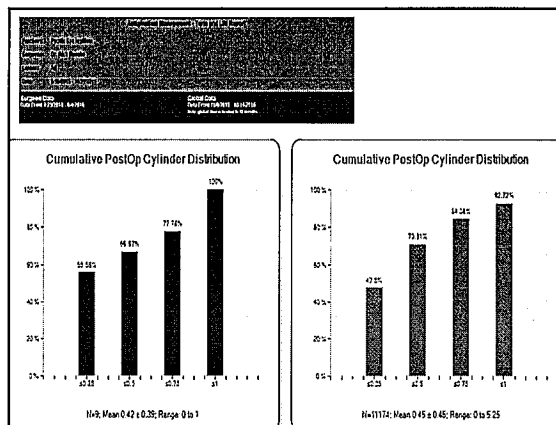
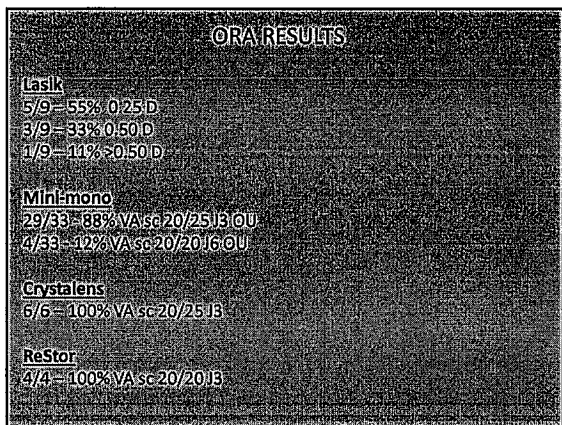
AnalyzOR™ Technology
Intuitive Astigmatic Analytics

Preoperative Keratometry Astigmatism
 Postoperative Refractive Cylinder

Alcon | **Advancing**
 Cataract Surgery | Refractive Diagnostics

ORA RESULTS

- 5/84 – 6% changed in wrong direction
 - 5/5 were with in 0.5 D of intended
 - 1 pt. +0.5 = sph
 - 2 pts +0.25 = sph
 - 1 pt. Plano = near targets/plask
 - 1 pt. -0.75 = target -0.25
- 4/84 – 4% had complications - prior vitrectomy/OI in sulcus
 - 0.5 = -0.25 x .69 for near
- 1/84 – unhappy patient
 - OD -1.00 x 0.10/20/25 JB
 - OS -0.50 = -1.00 x 75/20/30 JB

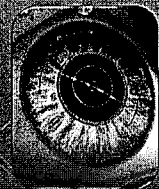


Presenting ORA™ System with VeriEye™+ Technology

Streaming Guidance, 1" Precision

Alcon | ESTABLISHED REFRACTIVE DIAGNOSTICS | Advancing CONTACT LENSES

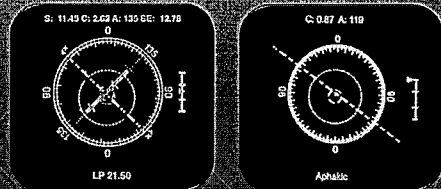
ORA™ System with VeriEye+™ Technology
What is VeriEye+™ Technology?



Commercially available ORA™ System Provides Streaming, Real-time data verification in a surgeons right ocular Features an Intuitive Dynamic Reticle Provides the forward compatible platform for future integration and development between the ORA™ System and the Cataract Refractive Suite by Alcon

Alcon **Advancing CATARACT REFRACTIVE DIAGNOSTICS**

Real-time, streaming information in your ocular
Total corneal assessment to guide IOL selection

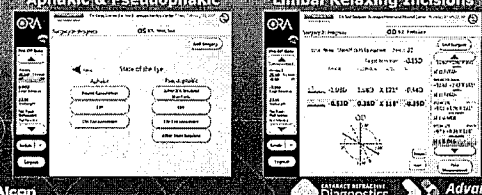


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 C: 0.87 A: 119

Alcon **Advancing CATARACT REFRACTIVE DIAGNOSTICS**

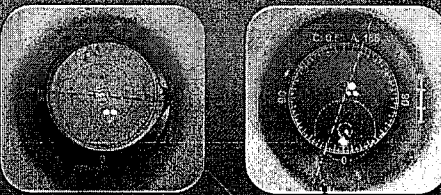
ORA™ System with VeriEye+™ Technology
Robust Live-Feed Analytics

Aphakic & Pseudophakic **Limbal Relaxing Incisions**



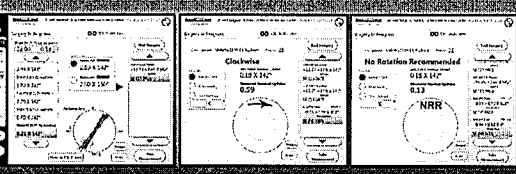
Alcon **Advancing CATARACT REFRACTIVE DIAGNOSTICS**

Real-time, streaming information in your ocular
Streaming data to position toric IOLs within 1°



Alcon **Advancing CATARACT REFRACTIVE DIAGNOSTICS**

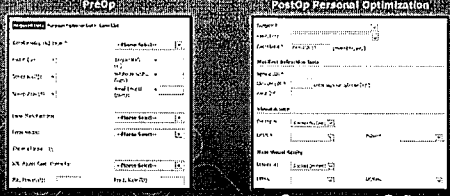
Robust Live-Feed Analytics
Aphakic & Pseudophakic Toric IOL alignment



Alcon **Advancing CATARACT REFRACTIVE DIAGNOSTICS**

AnalyzeOR™ Technology
What inputs are required?

PreOp **PostOp Personal Optimization**



Alcon **Advancing CATARACT REFRACTIVE DIAGNOSTICS**

ORA™ System with AnalyzOR™ Technology
When you're ready, AnalyzOR™ is ready!

Go Platinum

Gold = Global Optimization
 Platinum = Personal Optimization

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 Ophthalmic Diagnostics

AnalyzOR™ Technology: Dynamic Variable Optimization
Personal vs. Global Post Hyperopic LASIK

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AnalyzOR™ Technology: Dynamic Variable Optimization
Personal vs. Global Absolute Prediction Error

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AnalyzOR™ Technology: Dynamic Variable Optimization
Personal vs. Global Post RK Outcomes

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 Ophthalmic Diagnostics

AnalyzOR™ Technology: Dynamic Variable Optimization
Personal vs. Global Post Myopic LASIK

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Verion® Image Guided System
Targeting Sources of Variability

VERION® Image Guided System
 Streamlining the Cataract Refractive Process

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 Advancing
 Ophthalmic Diagnostics



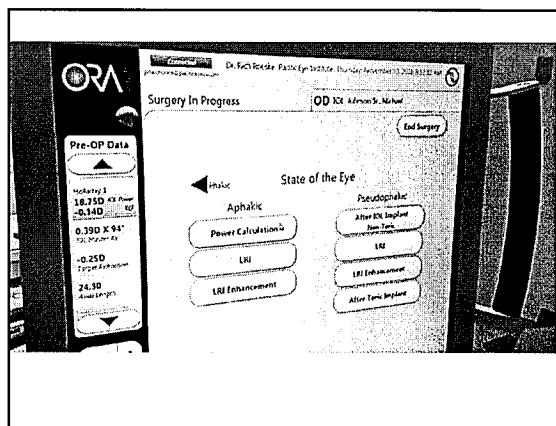
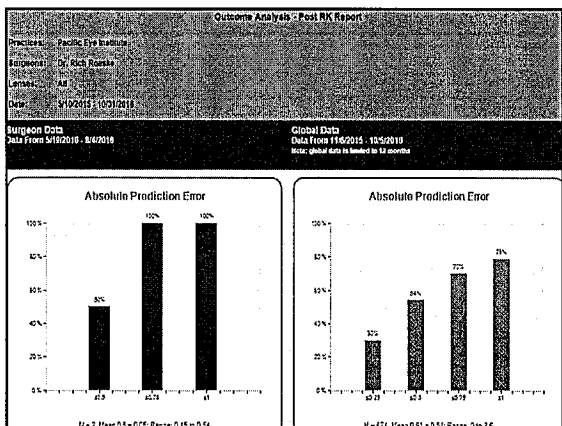
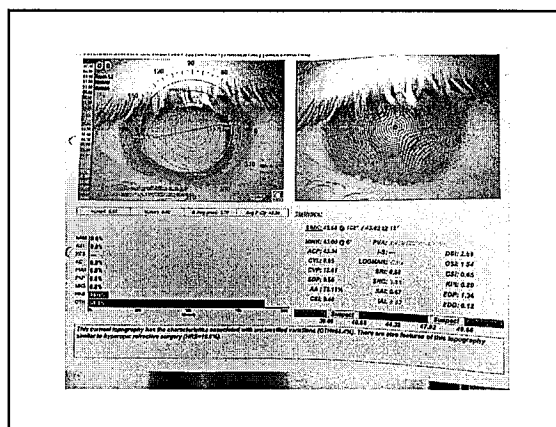
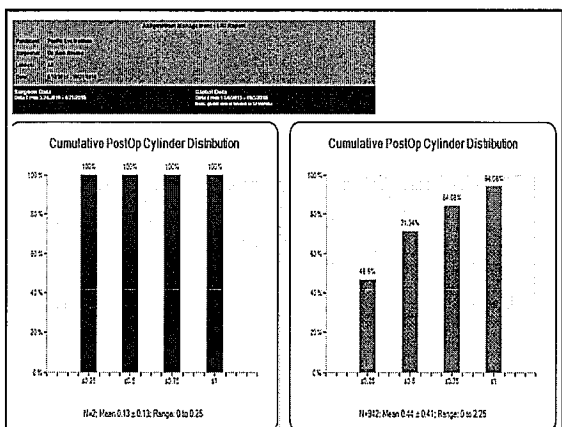
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Exam Date: 09/20/2016
Eye Surgeon: RICHMOND ROESKE, M.D.

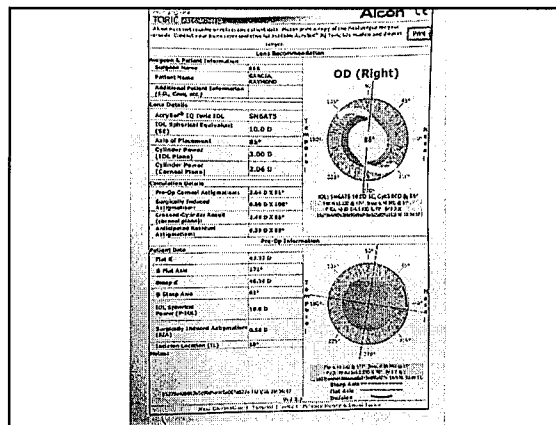
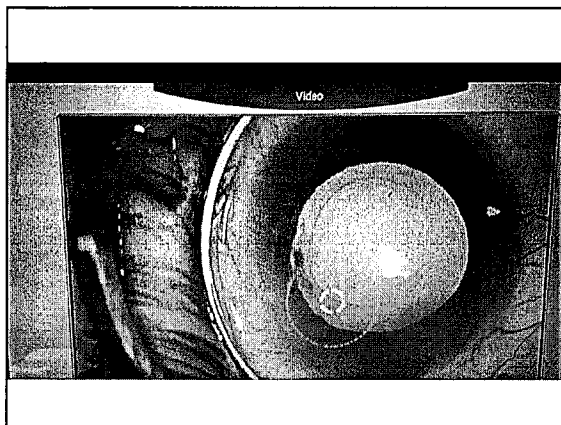
The AL readings should be checked for plausibility, as there might be:

OD		AL: 24.30 mm (SNR = 127.8)	
		K1: 42.00 D / 7.85 mm @ 94°	
		K2: 43.38 D / 7.78 mm @ 94°	
		R: SLE: 7.81 mm / 45.19 deg	
		C/A: -0.40 D @ 94°	

TECNIS SILICONE				HOVA			
SNP	TX	TX	TX	SNP	TX	TX	TX
100	100	REF	100	100	100	REF	100
20.0	0.74		20.0	0.74		20.0	0.74
15.0	-0.48		15.0	-0.48		15.0	-0.48
10.0	-0.07		10.0	-0.07		10.0	-0.07
5.0	0.55		5.0	0.55		5.0	0.55
0.0	0.18		0.0	0.18		0.0	0.18
25.0	0.09		25.0	0.09		25.0	0.09

CRYSTALENS AD				HOVA			
SNP	TX	TX	TX	SNP	TX	TX	TX
100	100	REF	100	100	100	REF	100
20.0	0.54		20.0	0.54		20.0	0.54
15.0	-0.23		15.0	-0.23		15.0	-0.23
10.0	-0.04		10.0	-0.04		10.0	-0.04
5.0	0.22		5.0	0.22		5.0	0.22
0.0	0.12		0.0	0.12		0.0	0.12
25.0	0.25		25.0	0.25		25.0	0.25





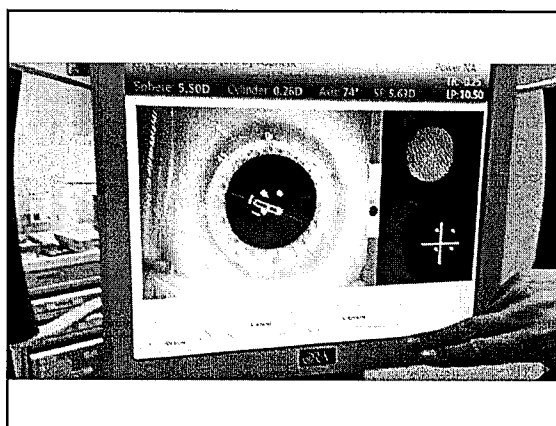
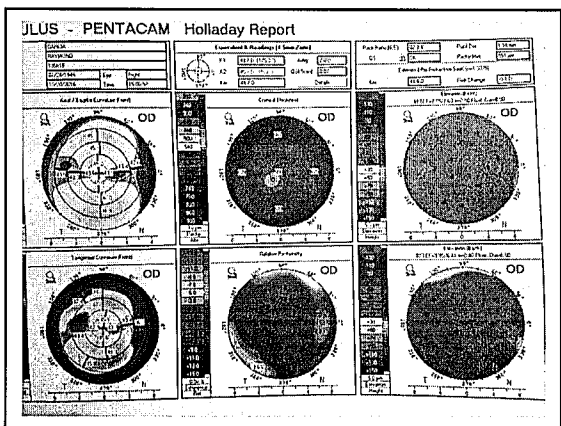
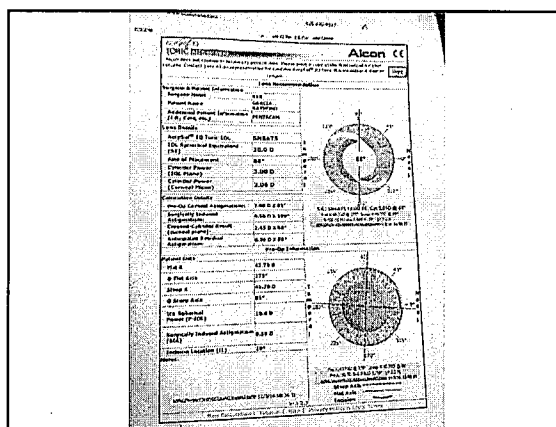
Date of Order: 11/22/16
 (Scan Date: 11/01/2016)
 Eye Surgeon: RICHMOND ROENKE, M.D.

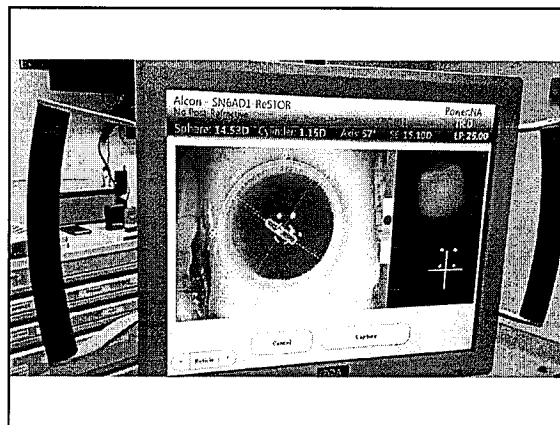
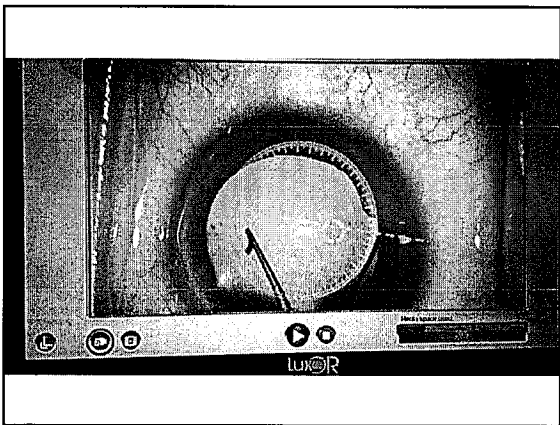
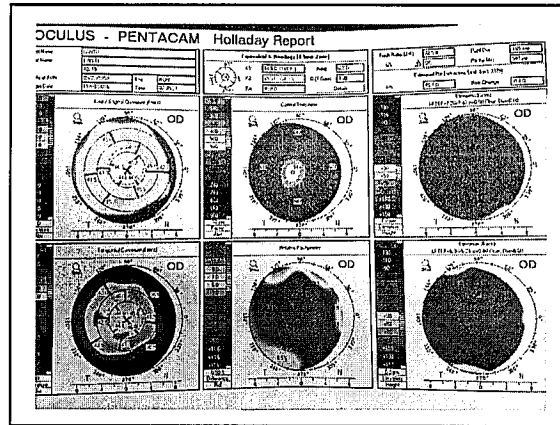
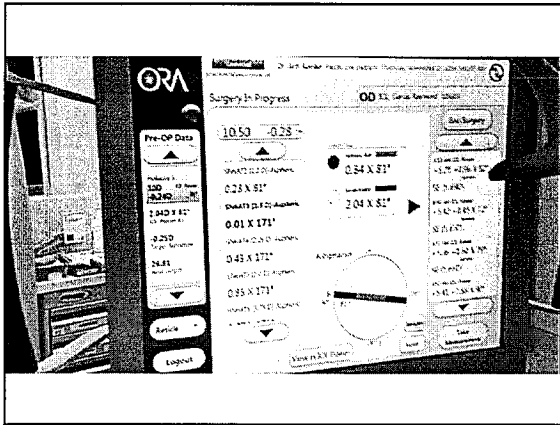
The A/C readings should be checked for plethysmity, as they might

OD

Material: PMMA
 Base Curve: 8.5
 Diameter: 14.5

TECNIS SILICONE			SOFTEC HD		
SI	SI (1)	SI (2)	SI	SI (1)	SI (2)
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10.0	-0.02	10.0	10.0	-0.02	10.0
10.0	-0.03	10.0	10.0	-0.03	10.0
10.0	-0.04	10.0	10.0	-0.04	10.0
10.0	-0.05	10.0	10.0	-0.05	10.0
10.0	-0.06	10.0	10.0	-0.06	10.0
10.0	-0.07	10.0	10.0	-0.07	10.0
10.0	-0.08	10.0	10.0	-0.08	10.0
10.0	-0.09	10.0	10.0	-0.09	10.0
10.0	-0.10	10.0	10.0	-0.10	10.0
10.0	-0.11	10.0	10.0	-0.11	10.0
10.0	-0.12	10.0	10.0	-0.12	10.0
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10.0	-0.42	10.0	10.0	-0.42	10.0
10.0	-0.43	10.0	10.0	-0.43	10.0
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10.0	-0.45	10.0	10.0	-0.45	10.0
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10.0	-0.79	10.0	10.0	-0.79	10.0
10.0	-0.80	10.0	10.0	-0.80	10.0
10.0	-0.81	10.0	10.0	-0.81	10.0
10.0	-0.82	10.0	10.0	-0.82	10.0
10.0	-0.83	10.0	10.0	-0.83	10.0
10.0	-0.84	10.0	10.0	-0.84	10.0
10.0	-0.85	10.0	10.0	-0.85	10.0
10.0	-0.86	10.0	10.0	-0.86	10.0
10.0	-0.87	10.0	10.0	-0.87	10.0
10.0	-0.88	10.0	10.0	-0.88	10.0
10.0	-0.89	10.0	10.0	-0.89	10.0
10.0	-0.90	10.0	10.0	-0.90	10.0
10.0	-0.91	10.0	10.0	-0.91	10.0
10.0	-0.92	10.0	10.0	-0.92	10.0
10.0	-0.93	10.0	10.0	-0.93	10.0
10.0	-0.94	10.0	10.0	-0.94	10.0
10.0	-0.95	10.0	10.0	-0.95	10.0
10.0	-0.96	10.0	10.0	-0.96	10.0
10.0	-0.97	10.0	10.0	-0.97	10.0
10.0	-0.98	10.0	10.0	-0.98	10.0
10.0	-0.99	10.0	10.0	-0.99	10.0
10.0	-1.00	10.0	10.0	-1.00	10.0





OD
right

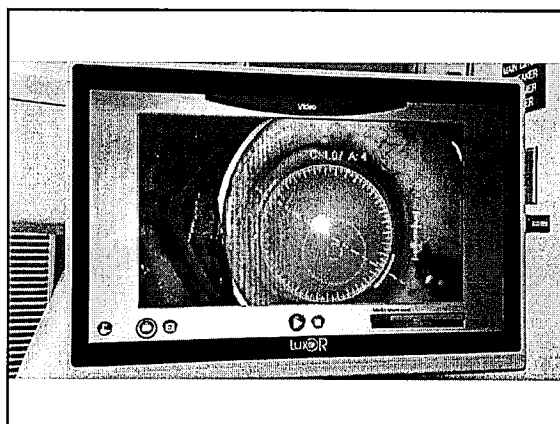
AL: 32.06 mm (SNH = 343.9)
R1: 44.47 D / 7.59 mm @ 146°
R2: 44.76 D / 7.54 mm @ 56°
K / SE: 7.46 mm / 41.61 Dpt
Cyl: -0.29 D @ 146°

Eye Status: phakic

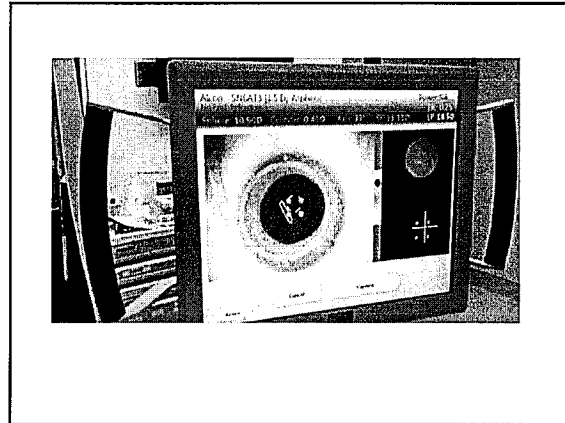
TECNIS SILICONE				SOFTEC HD			
SP	1.96		SP	1.58			
LOI (D)	REF (D)		LOI (D)	REF (D)			
27.0	-3.00		25.0	-0.02			
26.5	-0.73		24.75	-0.14			
26.0	-0.38		24.5	-0.14			
25.5	-0.04		24.25	0.02			
25.0	0.30		24.0	0.18			
24.5	0.63		23.75	0.37			
24.0	0.96		23.5	0.53			
Sumo: TOL: 25.14				Sumo: TOL: 24.27			

ASPHERIC RESTOR				HOVA			
SP	1.79		SP	1.62			
LOI (D)	REF (D)		LOI (D)	REF (D)			
26.0	-1.04		26.0	-0.99			
25.0	-0.49		25.5	-0.63			
24.0	-0.11		25.0	-0.28			
25.0	0.01		24.5	0.09			
24.0	0.25		24.0	0.42			
23.0	0.69		23.5	0.76			
22.0	1.03		23.0	1.10			
Sumo: TOL: 23.03				Sumo: TOL: 24.60			

RIGHT EYE



OD Right		AL: 25.18 mm (NSR = 468.1) K1: 41.26 D / 8.18 mm @ 82° K2: 42.61 D / 7.92 mm @ 172° R / NSI: 8.05 mm / 41.54 dpt Cyl: -1.35 D @ 82°	
Eye Status: phakic			
TECNIS SILICONE		SOPTEC HD	
SPT: 1.96		SPT: 1.48	
COL (D)	RES (D)	COL (D)	RES (D)
20.0	-1.16	18.25	-0.54
19.5	-0.02	18.0	-0.54
19.0	-0.46	17.75	-0.17
18.5	-0.85	17.5	0.00
18.0	-0.10	17.25	0.17
17.5	-0.50	17.0	0.14
17.0	0.02	16.75	0.51
Emmett: TOT: 18.27		Emmett: TOT: 17.51	
ASPHERIC TONIC		HOYA	
SPT: 1.56		SPT: 1.62	
COL (D)	RES (D)	COL (D)	RES (D)
19.0	-0.48	19.0	-0.87
18.5	-0.02	18.5	-0.53
18.0	-0.15	18.0	-0.19
17.5	-0.19	17.5	0.15
17.0	0.21	17.0	0.48
16.5	0.21	16.5	0.91
16.0	0.21	16.0	1.14
Emmett: TOT: 18.27		Emmett: TOT: 17.73	



OCULUS - PENTACAM Holladay Report

Anterior Chamber Depth (ACD) [mm] 3.18

Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180

Anterior Chamber Depth (ACD) [mm] 3.18

Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180

Anterior Chamber Depth (ACD) [mm] 3.18

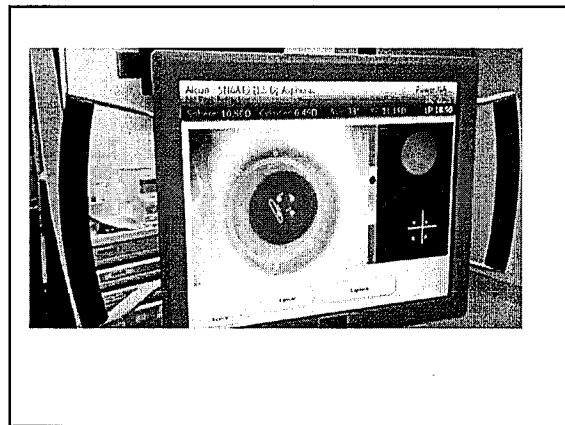
Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180

Anterior Chamber Depth (ACD) [mm] 3.18

Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180



Alcon CE

OD (Right)

Anterior Chamber Depth (ACD) [mm] 3.18

Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180

Anterior Chamber Depth (ACD) [mm] 3.18

Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180

Anterior Chamber Depth (ACD) [mm] 3.18

Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180

Anterior Chamber Depth (ACD) [mm] 3.18

Anterior Chamber Volume (ACV) [mm³] 0.10

Anterior Chamber Angle (ACA) [°] 180

ORA™ System Summary

Clinically Proven^{1,2}

Real-Time Guidance, Real Outcomes^{1,2}

ORA™ System Empowers Decision Making

VeriEye+™ Technology Streaming, Real-Time Guidance

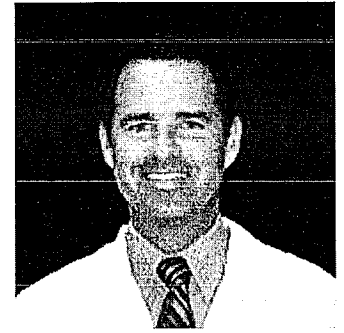
AnalyzeOR™ Technology When you're ready, AnalyzeOR™ is ready

Rapidly approaching 500,000 completed ORA™ System cases

Alcon | VERIFLY | ADVANCING OPTICS



Richmond E. Roeske, M.D.



PROFESSIONAL CREDENTIALS: *Dr. Roeske is an ophthalmologist who specializes in cataract extraction, intraocular lens implantation and LASIK surgery. He is former Assistant Residency Coordinator and current Assistant Clinical Professor at Loma Linda University School of Medicine.*

EDUCATION: 1992 Bachelor of Arts, Southern University, Collegedale, Tennessee
1996 M.D., Loma Linda University, Loma Linda, California

PROFESSIONAL TRAINING: 1996 - 1997 Transitional Internship, Central Texas Medical Foundation, Austin, Texas
1997 - 2000 Residency in Ophthalmology, Loma Linda University, Loma Linda, California

BOARD CERTIFICATION: • American Board of Ophthalmology

PROFESSIONAL AFFILIATIONS: • American Academy of Ophthalmology
• American Medical Association
• California Medical Association

PUBLICATIONS: • Dr. Roeske is the author of several investigative, medical and surgical management abstracts published in ARVO and other prestigious professional journals of ophthalmology.

AWARDS: • Retina Research Foundation, Lawrence Travel Grantee, ARVO, May, 1998
• Co-Chief Resident, Department of Ophthalmology, Loma Linda University, 1998-2000
• Ophthalmology Coordinator, Students in Mission Service, Loma Linda University, 1998-2000
• Activities Director, AMA Student Chapter, 1993-94
• Student Representative, Dean's Academic Luncheon, 1992

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12442 Limonite Ave., Suite A200 • Eastvale, CA 91752 • (951) 737-4000 • Fax (951) 737-4040

1-1568/2853029/772849/50



OPTOMETRY

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CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title Ophthalmic Forum/Diabetic Eye Disease	Course Presentation Date 8:00 pm to 9:00 pm 1 1 / 0 3 / 2 0 1 6
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Course Provider Contact Information

Provider Name Robert Fabricant Neal (First) (Last) (Middle)
Provider Mailing Address Street 555 N. 13th Ave. City Upland State CA Zip 91786
Provider Email Address denise@pacificeyeca.com
Will the proposed course be open to all California licensed optometrists? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name Nathan Rudometkin (First) (Last) (Middle)	
License Number A81443	License Type CA Medical
Phone Number (909) 9828846	Email Address denise@pacificeyeca.com

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.


 Signature of Course Provider

10/3/16
 Date

Diabetic Eye Disease

Nathan J. Rudometkin, MD

Diabetic Eye Disease and Diet:

An in depth look at diabetic retinopathy, PDR/NPDR, it's presentation in the retinal structure, "what to look for" during examination: hemorrhaging VS vessels and Hemorrhaging. Followed by the "Controllable factors" of diet and exercise. Multiple slides used to educate on blood glucose levels; how different foods, sugars (simple and complex), and carbs effect Fasting blood sugars and A1C. Examples on approaching a sometimes difficult conversation regarding diet, exercise and weight loss review. Multiple slides and resources listed for future reference.

Nathan J. Rudometkin MD
Ophthalmic Forum Outline

Surgical Approaches in Diabetic Eye Disease

- I. Non clearing Vitreous Hemorrhage
 - a. Treatment:
 - i. Length of Observation
 - ii. Vitrectomy
 - iii. Panretinal Photocoagulation
 - b. Video Demonstration
- II. Tractional Membranes and Detachments
 - a. Treatments:
 - i. Laser and Observation
 - ii. Vitrectomy and Membrane Dissection
 - 1. Optimized Systemic Disease
 - 2. Avastin Adjunct
 - b. Video Demonstration
- III. Diabetic Macular Edema
 - a. Treatments
 - i. Laser
 - ii. Intravitreal Kenalog
 - iii. Intravitreal Anti-VEGF (Avastin/Lucentis)
 - iv. Vitrectomy with Membrane Peel
 - 1. Failed Previous treatments
 - 2. Presense of an Epiretinal Membrane
 - b. Video Demonstration

Insulin Dependent Diabetics

- Controlling Carbohydrate Intake
- Matching Insulin with Carb intake
- Being consistent and Regular Checking of Sugar
- Type I or II Diabetics taking Insulin

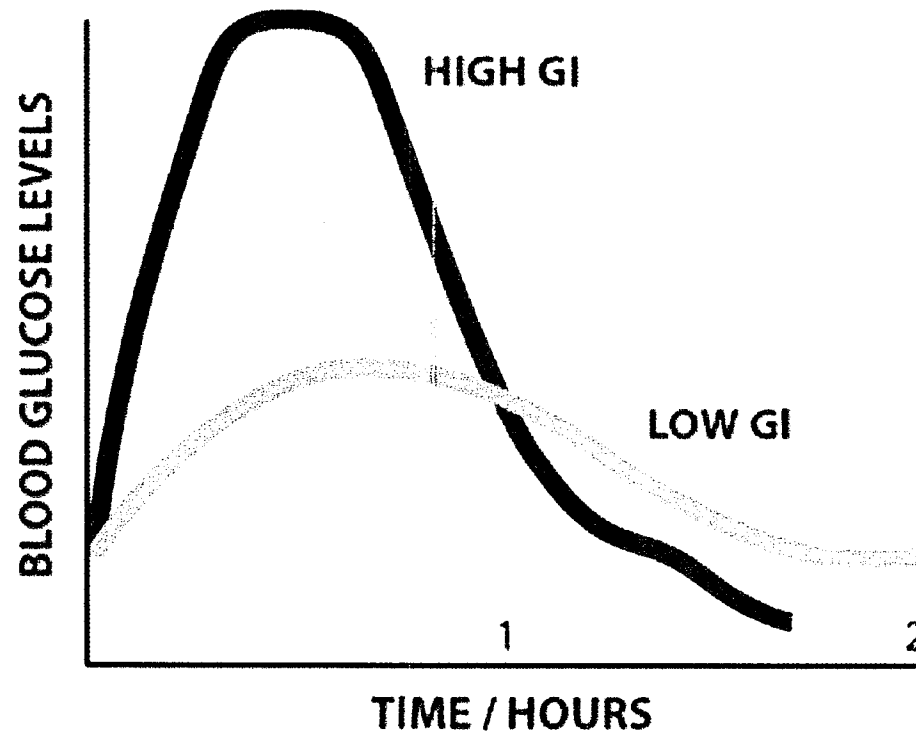
Non-Insulin Dependent Diabetics

- Weight Loss—5-7%
- Physical Activity—decreases insulin resistance independent of weight loss
 - Lowers BP and serum lipids
- Nutritious Diet

Carbohydrates

- Glycemic Index (GI)
 - Glucose Standard = 100
 - How quickly Carbs breakdown to glucose in blood
 - No account taken for a foods effect on insulin response
 - Ripeness and degree of Cooking affects GI

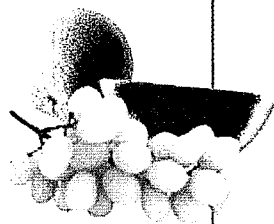
Glycemic Index



Glycemic Index

Low GI (<55), Medium GI (56-69) and High GI (70>)

Grains / Starchs		Vegetables		Fruits		Dairy		Proteins	
Rice Bran	27	Asparagus	15	Grapefruit	25	Low-Fat Yogurt	14	Peanuts	21
Bran Cereal	42	Broccoli	15	Apple	38	Plain Yogurt	14	Beans, Dried	40
Spaghetti	42	Celery	15	Peach	42	Whole Milk	27	Lentils	41
Corn, sweet	54	Cucumber	15	Orange	44	Soy Milk	30	Kidney Beans	41
Wild Rice	57	Lettuce	15	Grape	46	Fat-Free Milk	32	Split Peas	45
Sweet Potatoes	61	Peppers	15	Banana	54	Skim Milk	32	Lima Beans	46
White Rice	64	Spinach	15	Mango	56	Chocolate Milk	35	Chickpeas	47
Cous Cous	65	Tomatoes	15	Pineapple	66	Fruit Yogurt	36	Pinto Beans	55
Whole Wheat Bread	71	Chickpeas	33	Watermelon	72	Ice Cream	61	Black-Eyed Beans	59
Muesli	80	Cooked Carrots	39						
Baked Potatoes	85								
Oatmeal	87								
Taco Shells	97								
White Bread	100								
Bagel, White	103								



'Non-starchy' Vegetables

- Amaranth or Chinese spinach
- Artichoke
- Artichoke hearts
- Asparagus
- Baby corn
- Bamboo shoots
- Beans (green, wax, Italian)
- Bean sprouts
- Beets
- Brussels sprouts
- Broccoli
- Cabbage (green, bok choy, Chinese)
- Carrots
- Cauliflower
- Celery
- Chayote
- Coleslaw (packaged, no dressing)
- Cucumber
- Daikon
- Eggplant
- Greens (collard, kale, mustard, turnip)
- Hearts of palm
- Jicama
- Kohlrabi
- Leeks
- Mushrooms
- Okra
- Onions
- Pea pods
- Peppers
- Radishes
- Rutabaga
- Salad greens (chicory, endive, escarole, lettuce, romaine, spinach, arugula, radicchio, watercress)
- Sprouts
- Squash (cushaw, summer, crookneck, spaghetti, zucchini)
- Sugar snap peas
- Swiss chard
- Tomato
- Turnips
- Water chestnuts
- Yard-long beans

Best 'Starchy' Vegetables

- Parsnip
- Plantain
- Potato
- Pumpkin
- Acorn squash
- Butternut squash
- Green Peas
- Corn

Best Grains

- Bulgur (cracked wheat)
- Whole wheat flour
- Whole oats/oatmeal
- Whole grain corn/corn meal
- Popcorn
- Brown rice
- Whole rye
- Whole grain barley
- Whole farro
- Wild rice
- Buckwheat
- Buckwheat flour
- Triticale
- Millet
- Quinoa
- Sorghum

Fats

- Avocado
- Canola oil
- Nuts: *almonds, cashews, pecans, and peanuts*
- Olive oil and olives
- Peanut butter and peanut oil
- Sesame seeds

Proteins

- Plant-based proteins
- Fish and seafood
- Chicken and other poultry
- Cheese and eggs

Diet in Advanced Disease

- **End Stage Renal Disease**

- Low Protein

- Low Sodium

- Monitor Potassium

- Foods high in K⁺: Avocado, Bananas, Cantaloupe and honeydew, Dried fruit, Legumes, Milk and yogurt, Nuts and seeds, Oranges and orange juice, Potatoes, Pumpkin and winter squash, Salt substitutes and low sodium foods that contain potassium additives, Tomato products (juices, sauces, paste)

- Monitor Phosphorus

- Usually normal on low protein diet

- Foods high in Phosphorus: Cheese, Chocolate, Ice cream, Legumes, Milk and yogurt, Nuts and seeds

- **Gastroparesis** — Low fiber, small, frequent meals low in protein (easy to digest and absorb)

Diabetic Diet Basics

- vegetables
- whole grains
- fruits
- non-fat dairy products
- beans
- lean meats
- poultry
- fish

The Future of the Diabetic Diet

Carbs vs Protein and Fat

- Diabetes Care Nov 2016
 - 'The POUNDS Lost Trial'
 - Fibroblast growth factor 21 (FGF21)
 - involved in regulation of energy balance and adipose metabolism
 - FGF21 increased in DM type II
 - Genetic variation within FGF21 region
 - Associated Genotypes with the Four Diets/Tx Groups

POUNDS lost trial

- 'Carbohydrate decreasing allele' (rs838147) showed greater weight loss on High-carb/low-fat
- Genetic variation may dictate response to a particular diet

%	FAT	Protein	Carb
1	20	15	65
2	20	25	55
3	40	15	45
4	40	25	35

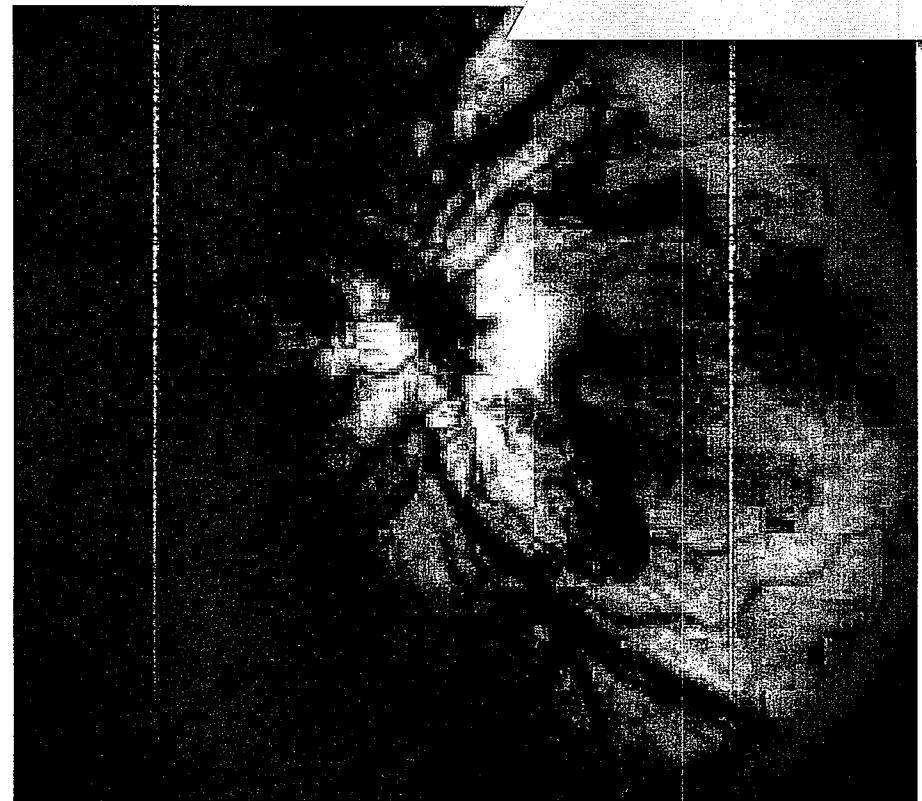
Ask about duration of Diabetes

Do you see your Primary Doctor Regularly?

Proliferative Diabetic Retinopathy (PDR)

New
Blood Vessels

- Type I (<30 y/o at diagnosis):
 - Rare <10 years duration
 - 50% >20 years duration
- Type I/II (>30 y/o at diagnosis)
 - 2% <5 years duration
 - 25% >20 years duration



Nathan J. Rudometkin, M.D.



PROFESSIONAL CREDENTIALS: *Dr. Rudometkin limits his practice to disease and surgery of the retina and vitreous. He is particularly skilled at performing secondary lens placement after intraocular lens dislocation. He enjoys very much working with his patients to improve their ocular conditions.*

EDUCATION: 1997 Bachelor of Science, Pacific Union College, Angwin, California
2001 M.D., Loma Linda University, Loma Linda, California

PROFESSIONAL TRAINING: 2001 - 2002 Internship in Surgery, Loma Linda University Medical Center, Loma Linda, California
2002 - 2005 Residency in Ophthalmology, Loma Linda University Medical Center, Loma Linda, California

FELLOWSHIP: 2005 - 2007 Fellowship in Vitreoretinal Surgery, Rocky Mountain Lions Eye Institute, University of Colorado, Denver, Colorado

BOARD CERTIFICATION: • American Board of Ophthalmology

PROFESSIONAL AFFILIATION: • American Academy of Ophthalmology
• American Society of Retina Surgeons

AWARDS: • John C. Affeldt Award, Outstanding Resident Presentation, Loma Linda University Resident, Research Day, May 2005

OUTSIDE INTERESTS: • Basketball (former NAIA Division II player) and Cycling
• Foreign Language (Italian fluent, Spanish moderately fluent)
• Film Photography

ACADEMIC APPOINTMENTS: • Clinical Professor, Loma Linda University Department of Ophthalmology, Loma Linda, California

PUBLICATIONS: • Dr. Rudometkin has written papers and book chapters in peer review journals including *The American Journal of Ophthalmology* and he reviews paper submissions to *Archives of Ophthalmology*.

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CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title Ophthalmic Forum/Weird Eye Organisms	Course Presentation Date 9:00 PM to 10:00 PM <table border="1"> <tr> <td>1</td><td>1</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>6</td> </tr> </table>	1	1	/	0	3	/	2	0	1	6
1	1	/	0	3	/	2	0	1	6		

Course Provider Contact Information

Provider Name Robert _____ Fabricant _____ Neal _____ (First) (Last) (Middle)		
Provider Mailing Address Street 555 N. 13th Ave. City Upland State CA Zip 91786		
Provider Email Address denise@pacificeyeca.com		
Will the proposed course be open to all California licensed optometrists?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Course Instructor Information

Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.

Instructor Name Joseph _____ Fleming _____ _____ (First) (Last) (Middle)		
License Number G44500	License Type CA Medical	
Phone Number (909) 9828846	Email Address denise@pacificeyeca.com	

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.

Signature of Course Provider

10/3/16

Date

Joseph F. Fleming, MD

Weird Eye Organisms

Summary

Cornea and External Disease:

An in depth overview of viruses and bacteria that attack the cornea and lids, including multiple forms of ocular strep, herpes, and mycobacterium. The signs and symptoms of each reviewed in detail, including the often "masked" or misleading symptoms. Slides of each disease process shown for reference, as well as treatment modalities, medications, hygiene, labs and testing; when necessary or appropriate.

WEIRD EYE ORGANISMS

JOSEPH F. FLEMING, MD

I BORIS KARLOFF

II STREP VIRIDANS

Crystalline keratopathy

III MORAXELLA

Conjunctivitis

K ulcer

IV CYTOMEGALOVIRUS

Associated eye conditions

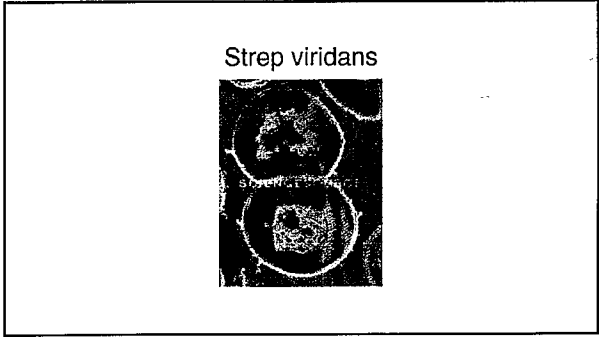
V EPSTEIN-BARR VIRUS

Great imitator

VI MYCOBACTERIUM AVIUM

Ethambutol

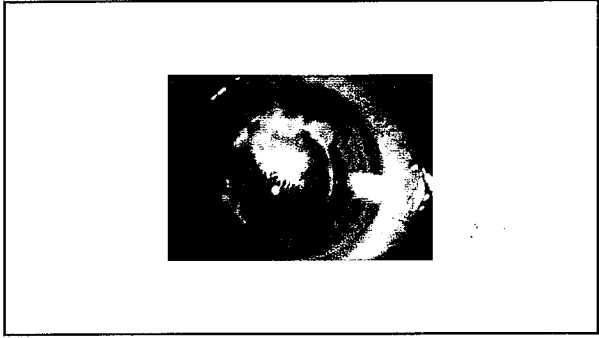
JOSEPH F. FLEMING, M.D.
Cornea and External Disease
Pacific Eye Institute



Strep viridans

- alpha hemolytic Strep
- crystalline keratopathy

PKP, BCL, corticosteroid use



MORAXELLA

- "the eye bug"
- conjunctivitis
- angular blepharitis
- corneal ulcer



CYTOMEGALOVIRUS

- a Herpes virus
- unilateral sudden onset corneal edema
- assoc. with diffuse KP, increased IOP, iris atrophy
- immunocompromised
- ? agent in glaucomacyclic crisis
- ? agent in Fuch's heterochromic iridocyclitis



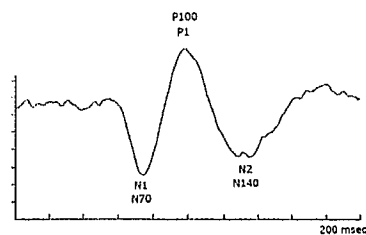
EPSTEIN-BARR VIRUS

- the great imitator
- 90% U.S. adults antibody positive
- adolescents: mononucleosis
- adult manifestations:
 - conjunctivitis
 - numular keratitis
 - acute, severe dry eye



MYCOBACTERIUM AVIUM

- saprophytic
- elderly or immunocompromised
- multidrug Rx including ETHAMBUTOL
- drug-induced optic neuropathy
 - blurred central vision
 - dyschromatopsia
 - central scotoma on VF
 - VEP: incr. latency + decr. amplitude



Joseph F. Fleming, M.D.



PROFESSIONAL CREDENTIALS: *Dr. Fleming is an established anterior segment surgeon with experience in corneal transplantation. He has performed over 2,000 LASIK procedures and has significant experience with Intacs™ intracorneal ring surgery for myopia and keratoconus. He has served as a surgeon trainer in the Intacs™ Technique, conducted lectures and training courses as well as proctoring sessions for surgeons in Europe, Asia, Canada and the United States. Dr. Fleming has also served as Medical Director of the Aris Vision Institute from April 1999 to March 2001 Glendale refractive surgery.*

EDUCATION: 1971 – 1975 Bachelor of Arts, San Jose State University, San Jose, California
1975 - 1979 M.D., University of California, San Francisco, California

PROFESSIONAL TRAINING: 1979 - 1980 Internship in Medicine, St. Mary's Medical Center, San Francisco, California
1980 - 1983 Residency in Ophthalmology, University of California, San Diego, California

BOARD CERTIFICATION: • American Board of Ophthalmology

PROFESSIONAL AFFILIATIONS: • American Academy of Ophthalmology
• American Medical Association
• California Medical Association
• Mendocino / Lake County Medical Society

PUBLICATIONS: • Published first scientific paper on Intacs™ *Journal of Refractive Surgery*, 1987
• Co-authored first textbook on Intacs™ *Intrastromal Corneal Ring Segments, A Textbook on Intacs™*, with Drs. C.F. Lovisolo and P.M. Pesando.

AWARDS: • Dr. Fleming was recognized in *Tulsa People Magazine* article "Tulsa's Best Doctors" for ophthalmology which was based on information compiled from a survey of 5,000 physicians in the central region of the U.S. and published in *The Best Doctors in America: Central Region 1996-1997*.

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