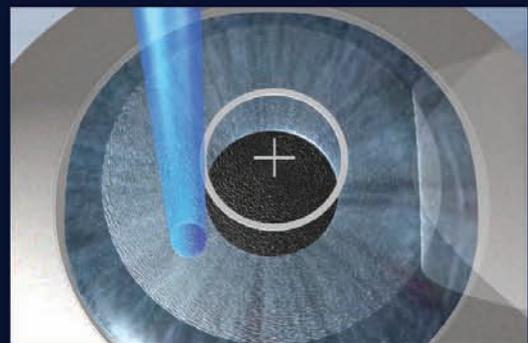


The Impact of Allegretto Wave On Practice Success



Experts discuss the benefits of investing in Wavefront Optimized™ LASIK and the financial considerations involved that will help you get the highest return on your investment. You'll learn how to become more efficient, boost productivity and create the best surgical experience for patients.

SPONSORED BY

 WaveLight®

Is Now the Time to Invest in a New Refractive Laser System?

Making that decision can boost your success in an increasingly competitive environment.

Much like patients who consult a cosmetic surgeon, those who seek a refractive surgeon are willing to undergo procedures that ultimately will enhance their appearance, boost their self-esteem and give them more confidence. And the parallels continue. Both cosmetic surgeons and refractive surgeons operate in a competitive environment, constantly aware of the need to upgrade to the latest technology and learn the newest procedures to meet patients' expectations.

Ophthalmology practices are continuing to evolve to keep pace with ongoing advances in refractive laser technology and surgical procedures to provide the best care for patients. With this trend in mind, many ophthalmologists believe now is the time to invest in a new laser system and sharpen their surgical skills. These days, patients are more savvy and knowledgeable about refractive laser services, and they're ex-

pecting even better visual outcomes than ever before. So if you've been thinking about investing in a new laser system, you're on the right track. The benefits you'll receive will help you increase your patient base, maintain a competitive edge in your market and grow your practice. You'll build your reputation and reduce the time it takes to perform refractive surgery procedures — and, yes, you'll save money.

In the following series of articles, refractive surgeons and practice management experts discuss how your practice can become more efficient and productive to create a pleasant surgical experience for patients.

They'll discuss the clinical benefits of investing in the Allegretto Wave® excimer laser system and the financial considerations involved to help you glean the highest return on your investment.

Creating the Best Experience For Refractive Surgery Patients

Learn how to reallocate staff duties, improve scheduling and better manage patient flow to reach your goals.

Investing in a new refractive laser system and learning how to perform the latest surgical procedures are only part of the equation that may help increase the success of your practice and improve patient care. The other part involves creating the best surgical experience for patients, and this starts the moment they call your office to inquire about your services.

This article will detail the protocols you'll need to develop from a practice management standpoint that involve reorganizing staff duties, improving patient flow and scheduling, and training employees to increase efficiency and productivity.

Dividing the Camps

If your practice offers refractive surgery and comprehensive eye care, it's a good idea to designate certain employees to handle just refractive surgery patients and

others to take care of general ophthalmology patients. Reason: There's a huge difference between running a refractive surgery practice and a general ophthalmology practice, according to Christopher P. Born, M.D., Gundersen Lutheran Eye Institute, La Crosse, Wis. Like cosmetic surgery candidates, refractive surgery patients expect a higher level of personalized service from their doctors than what is usually expected by general ophthalmology patients. In fact, Dr. Born schedules refractive surgery patients in clusters on certain days so that designated technicians are available and responsible for their care.

Charles R. Moore, M.D., F.A.C.S., founder of International EyeCare Laser Center, Houston, agrees that designating certain staff members to handle refractive surgery patients or nonrefractive patients is the best approach to take. "They're two completely different patient

demographics, and they don't mix well," Dr. Moore says. "It's more difficult for a surgeon to go from a Medicare patient to a refractive patient, and vice versa. So if you can isolate refractive surgery patients, you'll improve efficiency and boost productivity."



Streamline Scheduling

Another way to improve efficiency is to set aside blocks of time for potential refractive surgery patients so they can come in at a moment's notice. For instance, instead of having candidates stop wearing their contact lenses for a certain period of time before they come in to see you, schedule their evaluation immediately, even though they'll need to return for one more visit before surgery, says Warren J. Luster, practice management consultant, Luster Marketing Group, Newport, R.I. "This creates an opportunity for the prospective patient to build a relationship with you at the initial visit. When there are barriers in your scheduling at an early stage in the surgical process, you limit yourself and you risk losing patients," he says.

To help speed up the surgical process, perform presurgical testing on a separate day before surgery, says Alisa Larrabee, practice development consultant and owner of Refractive Advantage Management, Richmond, Va. "If you perform the tests on the day of surgery, patients will have a longer wait. And test results may force you to cancel the procedure. This will disappoint patients who've taken time out of their busy schedules, and it'll hurt the surgeon's bottom line."

Staff Training

Creating a pleasant surgical experience for patients also involves training your staff. Employees need to know how to effectively communicate with people on the phone and in person to help the practice run more smoothly. You want your staff to be friendly, courteous and knowledgeable about refractive surgery so they can answer a wide variety of questions. In addition, you want staff to develop the skills needed to convince someone who's inquiring about refractive surgery to come into your office for a complimentary evaluation. "It takes a certain personality to convert a caller into a potential patient who's willing to come in to have his eyes evaluated for a procedure," Dr. Born says. "That type of individual usually isn't found in a general ophthalmology practice.

Reality Check

Because competing ophthalmology practices continue to adopt new laser technology, clinicians should expect to upgrade their laser systems every 3 to 5 years, says Christopher P. Born, M.D., Gunderson Lutheran Eye Institute, La Crosse, Wis. "You can't avoid the costs." When you're looking to purchase a laser, it's a good idea to visit a practice where the laser already is being used, says Charles R. Moore, M.D., F.A.C.S., founder of International EyeCare Laser Center, Houston. "Visiting a practice to see the laser firsthand is much more productive than simply reading sales literature or talking to sales personnel," he says.

If you've been using a surgery center to perform laser procedures, consider the advantages of bringing the laser in-house. Also, calculate what it's costing you to perform procedures now. "Surgeons who use an outside facility for refractive surgery obviously must pay to use it for each procedure," Dr. Born says. "They also incur costs for lost clinic time from traveling to the facility. And they have less efficiency because they're not using their own personnel. An efficient practice can use the downtime on procedure days to see other patients."

In addition, as surgeons increasingly use other refractive technologies, such as clear lens extraction and multifocal implants, you'll be doing more enhancements on patients who weren't originally LASIK patients. "So you must be able to efficiently provide these enhancements for patients at a minimal cost to you, regardless of whether the enhancement is part of the original procedure," Dr. Born says.

"Any time there's an improvement in technique or technology, you encounter a new wave of patients who wish to undergo the surgery," says Warren J. Luster, practice management consultant, Luster Marketing Group, Newport, R.I. "You can't simply hold onto your old platform forever and expect that you're going to capture the same patients. Their awareness grows, and they're looking for something new."

It's the type of person who's used to working in sales or customer service."

Because consultations are free, you should be able to convert about 75% to 80% of people who inquire about refractive surgery if you have a well-trained staff that can answer questions with confidence, Ms. Larrabee says.

Of course, after the person leaves your office, it's important to have your staff follow up within 3 to 4 days to answer questions and allay fears. "Follow-up calls are really important. They make a huge difference in your conversion rate," Ms. Larrabee says.

What sets the Allegretto Wave laser apart from other systems that primarily emphasize wavefront-guided LASIK is that it enables clinicians to produce better visual outcomes.

feeling comfortable that the visual outcomes will be as good or better than if you performed wavefront-guided LASIK, Dr. Moore says. Patients are good candidates if their eyes are healthy and they have realistic expectations about their visual outcomes. “If their eyes are healthy, we can create simulations to show them how much their vision can improve if they have the procedure,” he explains.

Marketing Effectively

Developing a sound marketing message that’s meaningful can create a pleasant surgical experience for pa-

Choosing Candidates

You can improve efficiency by knowing how to determine which patients are candidates for Wavefront Optimized™ LASIK and

tients. For example, patients may not care whether or not you have the fastest laser, but you’ll pique their interest if you tell them that a faster laser provides better outcomes after the procedure, Mr. Luster says.

If you can tell patients that you have the best possible technology, which provides superior outcomes with fewer enhancements, you’ll send a powerful message. “Whether you like to admit it or not, even if you counsel the patient on the front end, enhancements translate into diminished referrals,” Mr. Luster says. If patients require enhancements, their friends will think the surgery didn’t work. “That’s what the public is hearing. So if you can use a technology that provides better outcomes from the start, you’ll get more word-of-mouth referrals. And that’s one of the keys to growing your practice.”

Cory M. Lessner, M.D., Millenium Laser Eye Center, Sunrise, Fla., suggests tapping into your internal patient database and sending out direct mailings to let patients know you have the new technology and how it can improve their vision. “You also can tell patients about the new laser when they come in for routine eye care, play a video loop in the reception area and introduce them to a refractive surgery counselor.” ■

Introducing the Allegretto Wave Excimer Laser System

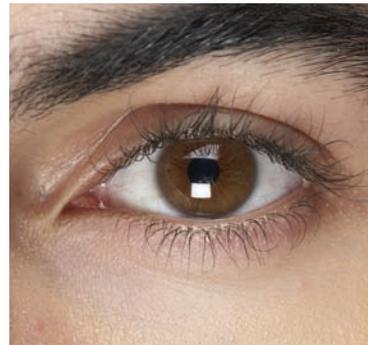
Clinicians discuss the benefits of Wavefront Optimized™ LASIK, which can produce better outcomes and save you time, money.

If you want to reduce the time it takes to perform a refractive laser procedure — and save money — you may want to consider investing in the Allegretto Wave excimer laser system from WaveLight AG. This Wavefront Optimized laser uses invisible ultraviolet (UV) light pulses to remove precise amounts of corneal tissue from the eye to reduce or eliminate myopia and hyperopia, with or without astigmatism.

What sets the Allegretto Wave laser apart from other systems that primarily emphasize wavefront-guided LASIK is that it enables clinicians to produce better visual outcomes in less time and with fewer retreatments.¹ Plus, it saves money long-term. Read on to find out what clinicians and practice management experts think about the Allegretto Wave laser and how it has benefited their practices.

Better Visual Outcomes

When Cory M. Lessner, M.D., of Millenium Laser Eye Centers, in Sunrise, Fla., compared his custom LASIK data to that of the Allegretto Wave ex-



cimer laser system, he found the results from the Allegretto Wave were statistically better in all ranges of prescriptions (with or without astigmatism). With the Allegretto Wave laser, 50% or more of Dr. Lessner’s patients say they see better the day after surgery than they ever did before.

Christopher P. Born, M.D., Gundersen Lutheran

Eye Institute, La Crosse, Wis., says he achieves better results with the Allegretto Wave laser compared with his older wavefront-guided system. “Our enhancement rate has dropped from about 7% to 8% to 1% to 2%,” he says. In addition, his practice saves an estimated \$50,000 to \$70,000 a year in royalties, paying only \$150 per procedure. “Plus, we’ve reduced the number of follow-up visits,” Dr. Born says. “When a patient walks in the next day at 20/15, you don’t need many follow-up visits to ensure everything is going well.”

In addition, patients treated with the Allegretto laser have a low incidence of glare and other nighttime related complications, according to Warren J. Luster, practice management consultant, Luster Marketing Group, Newport, R.I. “We find that once physicians inform patients about the laser’s unique FDA labeling, they’re willing to pay a premium for the technology,” he says.

“The Allegretto Wave is different from other lasers in this country because it was created to produce higher-quality vision,” says Alisa Larrabee, practice development consultant and owner of Refractive Advantage Management, Richmond, Va. “When I work in practices that own the Allegretto Wave laser, it’s common to hear patients say their vision is better than when they wore contact lenses or eyeglasses. The Allegretto tries to keep the natural shape of the cornea during treatment, and this helps produce better visual outcomes in terms of reducing glare and halos.”

“It’s difficult for me to walk into a practitioner’s office that has out-of-date technology and watch the doctors turn down patients who easily can receive the services they need with a different laser,” Ms. Larrabee says. “For a long time, hyperopic patients who wanted refractive surgery were told they wouldn’t experience good visual outcomes. However, hyperopes get outstanding results when physicians use the Allegretto Wave.”

The Allegretto Wave laser received FDA approval to correct up to 12.00D of myopia with up to 6.00D of astigmatism, and 6.00D of hyperopia with up to 5.00D of astigmatism, including mixed astigmatism — making almost all patients who wear eyeglasses for distance vision candidates for the surgery using the Allegretto Wave laser.

Time Saver

Because of the advanced technology of the Allegretto Wave laser, you can save time performing refractive procedures. The 200-Hz laser corrects

1.00D in approximately 4 seconds, and the 400-Hz Allegretto Eye-Q corrects 1.00D in approximately 2 seconds. “With my previous laser, I could process four to five patients or eight to 10 eyes per hour on a standard laser day,” says Charles R. Moore, M.D., F.A.C.S, founder of International EyeCare Laser Center, Houston. “With the Allegretto Eye-Q, I can

This Wavefront Optimized™ laser uses invisible ultraviolet (UV) light pulses to remove precise amounts of corneal tissue from the eye to reduce or eliminate myopia and hyperopia, with or without astigmatism.

perform surgery on seven patients per hour.” In addition, he says, patients experience faster visual re-

covery when he uses the Allegretto Wave laser.

The Wavefront Optimized laser also requires less than half the time to prep patients on the day of surgery, because you no longer need to capture wavefront images, Dr. Born says. “So we’ve reduced the amount of technician time needed for each procedure.”

Eliminating the need to capture images has been a huge time saver for Dr. Lessner, who uses the IntraLase laser (IntraLase Corp., Irvine, Calif.) to create flaps. “Cutting out that extra step improves patient flow on the day of surgery. Many doctors are using the IntraLase to create flaps. You’re performing four procedures on every patient — two on each eye,” he says.

The Wavefront Optimized laser also requires less chair time for post-op follow-up visits. “You get the same excellent results in an overwhelming number of patients,” Dr. Moore says. “To me, that’s the primary reason a practice shouldn’t be without a laser that’s capable of doing Wavefront Optimized procedures. The Allegretto Wave laser is the only one that can do that.”

Maintain Margins

From a business standpoint, the advanced technology of the Allegretto Wave laser enables clinicians to maintain procedure prices and, therefore, their margins. More and more patients understand that they get what they pay for, and that providing better technology costs a little more, Mr. Luster says. ■

1. The Allegretto Wave also offers as an option the treatment of myopia with wavefront-guided LASIK.

Analyzing the Cost of Investing in a New Refractive Laser

Financial experts explain the costs involved and how you can get the highest return on your investment.

Once you've considered investing in a new refractive laser system, you'll need to determine the financial impact it will have on your practice. You'll have to assess the fixed and variable costs, and potential revenue and financing options. And you'll need to know whether you'll receive a high return on your investment.

In this article, financial experts explain the costs involved when investing in a laser and the various financing options you have.

Fixed and Variable Costs

Fixed costs are expenses that don't vary. They include the refractive laser equipment and the service contract for the equipment, says William J. Tice, M.B.A., president, Integrity Medical Capital, San Antonio, who's financed approximately 500 lasers including Summit, VISX, WaveLight, IntraLase and Ziemer lasers for medical practices.

Variable costs consist of staff and the expenses associated with running the surgical suite. So you'll need to factor in the staff time required to perform each laser procedure. "As your surgical volume increases, those costs will rise because you'll need more help from your staff to maintain efficiency," says Steven R. Robinson, C.O.E., O.C.S., Advantage Administration, Dallas. (See Figure 1 to compare the variable costs of your current laser to your future laser.)

Other variable expenses include royalty fees. With some wavefront-guided systems, ophthalmologists may pay \$250 per procedure. However, the royalty fees for the Allegretto Wave laser are only \$150 per procedure, says Cory M. Lessner, M.D., Millennium Laser Eye Centers, Sunrise, Fla. "With a \$100 difference in royalty fees per procedure between the wavefront-guided platform and the Allegretto Wave laser, the break-even point is less than 100 eyes a month," he says. "The \$10,000 a month savings [\$100 for each procedure multiplied by 100 eyes per month] will cover the monthly cost of a new 5-year capital lease (i.e. \$1 buyout) for the Allegretto Wave laser."

Staff time is also a variable cost. Christopher P. Born, M.D., Gundersen Lutheran Eye Institute, La



Crosse, Wis., says almost 100% of his LASIK procedures performed with his previous laser involved wavefront-guided treatments. "Trouble is wavefront-guided LASIK

takes a lot of technician time, which costs money. Even the time required by the physician is increased because of the need to review wavefront data. And you move at a slower pace on the day of surgery," he says. However, when Dr. Born performs procedures using the Wavefront Optimized™ Allegretto Wave system, he and his technicians spend less than half the time prepping patients on the day of surgery, and the visual outcomes are more accurate than those he achieved with wavefront-guided treatments using his previous laser.

In addition, the Allegretto laser's accuracy leads to fewer enhancements and follow-up visits. And that means physicians can devote more time to general ophthalmology patients, Dr. Born says.

And they can devote more time converting prospective LASIK patients into surgical patients. "One extra hour spent converting one patient could generate a \$4,000 to \$5,000 return per hour on the time invested," Mr. Tice says.

Enhancement rates also contribute to variable costs. According to Mark E. Kropiewnicki, J.D., LL.M., principal attorney/consultant and vice president/treasurer, The Health Care Group Inc., Plymouth Meeting, Pa., you should ask yourself the following questions: How much does each enhancement cost me when I include staff time, physician time, royalty fees and other costs? And how does the total enhancement cost (cost per enhancement multiplied by the enhancement rate) compare with the lasers I'm considering? Dr. Born says enhancement rates in his practice dropped from 7% to 8% with his old laser to approximately 1% to 2% with the

Allegretto Wave system.

Another variable expense is marketing. When estimating expenses, you'll need to consider internal and external marketing strategies. External marketing, which is the most expensive, may include television, radio and billboard advertising. Internal promotion may include posters, brochures, video/DVD loops and your staff touting the benefits of the Wavefront Optimized LASIK procedure. You not only reach your patients through internal marketing but their friends and relatives, too.

"Unfortunately, marketing in many cases becomes a knee-jerk reaction to what the competition is doing," Mr. Robinson says. "Practices often compete with other practices' advertising efforts." Instead, Mr. Robinson suggests you develop a comprehensive marketing plan detailing specifically how much you want to spend and where you want to spend it. "You can do several LASIK procedures and still spend your profit and more in marketing expenses," Mr. Robinson says.

Return on Investment

Your return on investment (ROI) will depend on how much volume you generate. "ROI depends on the physician's individual situation," Mr. Robinson says. "The best way to estimate profit is to prepare a proforma before you ever invest in the laser."

A proforma is a financial estimate of revenue vs. expenses based on previous experience. It will tell you how much of an impact purchasing a laser will have on your practice. It's best to be conservative when estimating the number of cases you expect to treat — otherwise known as a low assumption rate. "I always try to err on the side of caution when making ROI estimates," he says.

Mr. Kropiewnicki agrees that adhering to a low assumption rate is vital when projecting volume and calculating ROI. "Most practices are going to look for a 10% to 12% ROI — maybe," he says, "but this must be at a low assumption rate so they protect themselves from a regrettably unprofitable situation."

Figure 1		LICENSE FEE SAVINGS	
	\$		Current License Fee Per Eye
Minus	\$		Future License Fee Per Eye
Equals	\$		Savings Per Eye Due To Lower License Fee
Multiplied By			Eyes Per Month
Equals	\$		Monthly Cost Savings Due to Lower License Fee
LOWER ENHANCEMENT RATE TIME SAVINGS (which provides more time to generate more LASIK revenue)			
		%	Enhancement Rate on Old Laser
Minus		%	Enhancement Rate on New Laser
Equals		%	Enhancement Rate Decline
Multiplied By			Eyes Per Month
Equals			# of Enhancements Eliminated Per Month
Multiplied By			Hours Per Enhancement of MD and Staff Time (i.e. 1-2 hours per enhancement)
Equals			Monthly Hours Saved Due to Reduced Enhancements
Multiplied By	\$		Additional LASIK Revenue Generated Per Hour (i.e. \$4,000) With Extra Time Available Due to Reduced Enhancements
Equals	\$		Monthly Incremental LASIK Revenue Generated Due to Lower Enhancement Rate
SHORTER PROCEDURE TIME SAVINGS (which provides more time to generate more LASIK revenue)			
			Total MD and Staff Hours Per Eye for Work Up and Surgery for Old Laser (i.e. 1 hour)
Minus			Total MD and Staff Hours Per Eye for Work Up and Surgery for New Laser (i.e. 5 hour)
Equals			Hours Saved Per Eye With New Laser
Multiplied By			Eyes Per Month
Equals			Monthly Hours Saved Due to Shorter Procedure Times
Minus	\$		Additional LASIK Revenue Generated Per Hour (i.e. \$4,000) With Extra Time Available Due to Shorter Procedure Times
Equals	\$		Monthly Incremental LASIK Revenue Generated Due to Shorter Procedure Times
TOTAL FIVE YEAR COST SAVINGS AND ADDITIONAL LASIK REVENUE			
	\$		Monthly Cost Savings Due to Lower License Fee (from above)
Plus	\$		Monthly Incremental Revenue From Lower Enhancement Rate (from above)
Plus	\$		Monthly Incremental Revenue From Shorter Procedure Times (from above)
Equals	\$		Monthly Pre-Tax Cost Savings and Additional LASIK Revenue Due to New Laser
Multiplied By			60-Month Analysis
Equals	\$		TOTAL 5-YEAR COST SAVINGS AND ADDITIONAL LASIK REVENUE DUE TO NEW LASER

Financing Equipment

When it comes to financing equipment, it pays to be a careful shopper because you'll have a number of options from which to choose. You can enter a lease agreement, apply for a bank loan or purchase the equipment outright. If you have a low-volume practice and price is a concern, you can purchase a used laser system. Just make sure you have a warranty and a service contract, Mr. Tice says. "Presuming the manufacturer guarantees the equipment is in great condition, buying a used laser system is a fine way to go."

A lease and a loan are very similar, particularly a capital lease, Mr. Tice says. "A capital lease is handled from an accounting and tax perspective as a purchase. When one factors in the \$112,000 [capital section 179] deduction, plus the 20% depreciation on the balance [another \$57,000, for example, on a \$400,000 purchase], it translates into a \$60,000 cash savings at tax time even though you haven't yet paid for the laser."

When you enter into a capital lease agreement, you own the equipment when the lease is paid off, Mr. Kropiewnicki says. "Whether it's worthwhile having the laser at the end of 5 years is another question. That depends on what kind of deals manufacturers have for trade-ins and things like that."

An operating lease is another type of purchasing agreement. When an operating lease expires, you return the equipment. Operating leases that have a fair market value purchase option allow you to purchase the equipment at the fair market value when the term expires. Monthly payments for operating leases that have a fair market value purchase option are lower than those of capital leases, Mr. Tice says. The payments for some leases can include the equipment, the service contract after the warranty expires and license fees. Mr. Tice discourages physicians from looking at 0% interest rates. "It's a blind discount buy-down that the vendor has worked out with the lessor, which is fine, but don't kid yourself into thinking someone wants to lend you money at 0%," he says.

When you examine the various financing options, read the fine print. Because leasing agreements vary and often are difficult to understand, have an attorney, a consultant or an accountant carefully review any financing contract before you sign on the dotted line.

Making the Investment

Investing in a new refractive laser is probably one of the most important decisions you'll ever make as an ophthalmologist. Having the latest technology and knowing how to perform the newest procedures will

Calculating the Costs

The following steps will help calculate the number of eyes on which you'd need to perform LASIK surgery per month to break even, courtesy of William J. Tice, M.B.A., president, Integrity Medical Capital, San Antonio.

Step 1: Gross revenue per eye minus variable costs per eye = contribution per eye.

Step 2: Fixed costs per month divided by contribution per eye = monthly break-even point (in eyes).

Figures will vary from practice to practice. "Our break-even point for performing refractive surgery in our practice is 300 eyes per year," says Christopher P. Born, M.D., Gundersen Lutheran Eye Institute, La Crosse, Wis. "That includes the cost of a femtosecond laser, which we use for all cases."

According to Mark E. Kropiewnicki, J.D., LL.M., principal attorney/consultant and vice president/treasurer, The Health Care Group Inc., Plymouth Meeting, Pa., when you develop your analysis, determine whether you'll be able to treat additional patients with the new laser within your patient population. "Ask yourself, 'How many more people than the competition will I be able to treat with this particular piece of equipment?'" Mr. Kropiewnicki says.

help build your reputation, your patient base and your practice so you can compete in an increasingly competitive environment.

The key to making the right decision is doing your homework. With the various financial options available, you'll be able to choose the one that's right for you and your practice and receive the highest return on your investment. If you choose the Allegretto Wave excimer laser system, you'll be able to produce better visual outcomes in less time with fewer enhancements — and, ultimately, you'll save money. ■

DISCLAIMER FOR MYOPIA:

a. Note that the complete name for this ophthalmic laser is "WaveLight ALLEGRETTO WAVE® / ALLEGRETTO WAVE® Eye-Q Excimer Laser System for laser assisted insitu keratomileusis (LASIK) treatments of myopic refractive errors up to -12.0 diopters (D) of sphere with and without astigmatic refractive errors up to -6.0 D at the spectacle plane."

DISCLAIMER FOR HYPEROPIA:

a. Note that the complete name for this ophthalmic laser is "WaveLight ALLEGRETTO WAVE® / ALLEGRETTO WAVE® Eye-Q Excimer Laser System for laser assisted insitu keratomileusis (LASIK) treatments of hyperopic refractive errors up to +6.0 diopters (D) of sphere with and without astigmatic refractive errors up to 5.0 D with a maximum manifest refraction spherical equivalent (MRSE) of +6.0 D."

DISCLAIMER FOR MIXED ASTIGMATISM:

a. Note that the complete name for this ophthalmic laser is "WaveLight ALLEGRETTO WAVE® / ALLEGRETTO WAVE® Eye-Q Excimer Laser System for laser assisted in-situ keratomileusis (LASIK) treatments of naturally occurring mixed astigmatism of up to 6.00 D at the spectacle plane."

DISCLAIMER FOR WAVEFRONT-GUIDED TREATMENT OF MYOPIA:

a. Note that the complete name for this ophthalmic laser is WaveLight ALLEGRETTO WAVE® / ALLEGRETTO WAVE® Eye-Q Excimer Laser System used in conjunction with the WaveLight ALLEGRO Analyzer. The device uses a 6.5 mm optical zone, a 9.0 mm ablation/treatment zone, and is indicated for wavefront-guided (WFG) laser assisted in-situ keratomileusis (LASIK): 1) for the reduction or elimination of up to -7.00 diopters (D) of spherical equivalent myopia or myopia with astigmatism, with up to -7.00 D of spherical component and up to 3.00 D of astigmatic component at the spectacle plane; 2) in patients who are 18 years of age or older; and 3) in patients with documentation of a stable manifest refraction defined as ≤ 0.50 D of preoperative spherical equivalent shift over one year prior to surgery."