A Presidential Road Trip to Visit COA Members
Learn to fit scleral lenses on REAL cornea challenged patients in a hospital based clinic not a hotel room!!! Join our five highly qualified and skilled consultants along with Dr. Tom Arnold for lecture, lunch and a hands on demonstration. Patient types: Keratoconus, Post Transplant, Post RK, Dry Eye and Pellucid will be scheduled for the wet-lab clinical evaluation segment.

Dr. Tom Arnold is a graduate of the University of Houston College of Optometry. During his training he participated in vision outreach programs in Mexico, Guatemala and with the Bureau of the Indian Health Service.

Dr. Arnold spent two years as a research assistant for the Early Treatment Diabetic Retinopathy Study (ETDRS) at the University of Texas Medical School in Houston. He opened his Today's Vision practice in Sugar Land in 1992. His primary professional interests are diseases of the eye, specialty contact lenses and the management of refractive laser eye surgery.

Dr. Arnold is passionate about scleral contact lenses and their ability to help patients struggling with compromised vision related to the cornea. He is also a Fellow of the Scleral Lens Education Society. Dr. Arnold, along with Dr. Nathan Schramm, organized and moderated the inaugural International Congress of Scleral Contacts in Miami Beach, July 2016. The ICSC was the first meeting in the world dedicated solely to scleral contact lenses.

This is a course on how to utilize scleral lenses in the management of ocular surface diseases and as an alternative to soft toric lenses. If you are introducing Scleral lenses into your practice this course should be your first step. We will have full access to 14 exam lanes at UCHealth Eye Center in beautiful Denver, CO. Everybody will have the chance to insert, remove, evaluate and trouble shoot a scleral lens fitting.
By the time we all read this, we hopefully will have renewed our Colorado license with the required continuing medical education (CME) hours. Despite procrastination being part of our human nature, the CME process for us in Colorado is fairly straightforward – 24 hours of CME in a two-year cycle. Other state licensures, certifications, fellowships, etc. may at times put a kibosh to our procrastination-like nature and motivate and necessitate us to get more CME.

Besides keeping our license, the need for credentialing, or maintaining certification, what is CME really for? What is the true purpose of CME? Who should oversee and govern CME and the CME process? All worthy questions with maybe no “purely” right or wrong answers, but definite differences in opinion exist. For any profession, there has to be structure with a process in place to keep its professionals in line and on track with providing standard of care and beyond. So what should that structure look like and that process be?

The required and needed CME (at least CME to keep your license) essentially comes down to an individual practitioner’s state statute. We all know, though, providing the highest level of eye care and the most progressive eye care takes more than just the minimum. Thus, CME should be more far-reaching, individually and professionally. Individually, it is the doctor’s responsibility to continue to develop professionally and to grow skill-wise – that is the concept of lifelong learning. Professionally, it is reasonable to say that Optometry itself is best equipped to set its own standards for CME structure and processes to move the profession forward.

It could be said a defining feature of a profession is its ability to establish its own educational standards that are consistent in formal training and extended throughout professional practice. As in other doctorate-level health care professions (allopathic and osteopathic medicine, dentistry, podiatry), setting our own educational standards and a governance of accredited (not “approved”) CME not only could provide diverse continuing professional development opportunities, but also would align with the changing healthcare spectrum of outcomes-based care. Accredited CME is what will “stand up” best when legislation is at hand.

Consistency of CME structure and processes across the board—professional training to professional practice, state law to federal law—will help Optometry to continue to move forward. It will take input though from all stakeholders—not just one entity going about it alone. Keep your ear to the ground on this one. Just like many of the significant changes happening around us, CME, too, will likely have an impact on how Optometry advances in the future.
Bravo! Kudos!

Dr. Jason Ortman’s practice, Castle Pines Eye Care, was recently named one of the Nation’s best practices by CooperVision for leadership in optometry and delivery of exceptional care! Congratulations to Dr. Ortman and his entire team!

COA Welcomes New Allied Members

• Jennifer D. Cecil, MD, LCC is a general ophthalmology practice with an optical dispensary in Loveland, CO. For more information, please reach out to Jeannie Peden at cecil.pt.info@gmail.com

COA Welcomes New COA Members

• Dr. Lorena De La Garza with Spring Creek Eye Care in Fort Collins
• Dr. Valencia Lo with I Care Vision Center in Denver

Philanthropy Corner

Foundation Fighting Blindness will be hosting a Save Sight Saturday on May 13th from 8am-1pm at Rocky Mountain Lions Eye Institute. The program will include research updates, a panel discussion and exhibitors.

To RSVP or for more information, please contact Denver@FightBlindness.org.

Did we miss your special event or big announcement (new associate or office, marriage, baby, award, recognition…you get the idea)?? Please let us know! We want to celebrate with you! Email us at coa@visioncare.org.

< Tara Weghorst, Communications & Events Manager, was at the American Optometric Association headquarters in St. Louis at the beginning of April for a Membership Marketing Workshop. She can’t wait to implement everything she learned with our affiliate!

^ On April 2, the COA hosted a MIPS Madness Workshop with Drs. Chris Wroten and Jeff Michaels at the University of Denver. The event was well attended by ODs and staff members alike!
Omni Eye Specialists and Spivack Vision Center are now proud to offer FDA approved Collagen Corneal Crosslinking!

Thank you to everyone that attended our 2017 Spring Symposium!

It is an honor to provide professional continuing education for the entire optometric community.

We look forward to seeing you at our Fall Symposium, Sunday, November 5th, 2017!
We proudly work with optometrists, co-managing care of your patient.

Welcome Dr. David Litoff

We are thrilled to welcome David Litoff, M.D. as our Chief Medical Officer and Lead Surgeon for Colorado.

Corneal Specialist and Cataract & Refractive Surgeon

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99215 on a “Normal” Exam?

Caching an exam as a 99215 by an optometrist is often spoken of as if it were legend only mentioned in the corner of a dark bar after the continuing education at convention is over. The conversation often goes like this, “I knew a guy once who billed 99215…but he only billed it because the patient had three brain tumors, Sjogren’s disease, end-stage glaucoma, geographic atrophy, RA, had a heart attack during tonometry…and the exam took 3 hours.” This month we are going to go through an example of a patient you likely see more than once a day in your very own primary care practice. Then we’ll explain why the visit earned the level it did.

A 75-year-old white male presents for a yearly eye exam per the doctor’s instructions from last year.

### History
- **RFV:** Glare while night driving in both eyes x 4 months, raining makes it even worse, nothing makes it better
- **ROS:** Performed a complete ROS of all 12 systems, because it had been a year since last exam
- **PFSH:** No prior eye injuries/surgeries, (+) Cataract Hx in both parents, (+) AMD-father, Never Smokes, (+) alcohol, and loves to golf

### Physical Exam
- **Test performed:** VAs, gross VF, Pupils, EOMs, IOP, slit lamp (adnexa, cornea, AC, iris, lens, bulbar & palpebral conj. DILATED ophthalmoscopy of disc and posterior segment. And both orientation and mood were assessed.

### Medical Decision Making
- **Dx:**
  1. Mild non-visually significant cataracts – pt was educated about condition and instructed to return in one year for evaluation, or sooner if his vision worsens.
  2. Dermatochalasis – pt educated of surgical options and set for a 1 year recheck.

### Code | History | Physical Exam | MDM
--- | --- | --- | ---
99211 | Nurse or doctor supervised service | | 
99212 | Prob. Focused | Prob. Focused | Straight Forward
99213 | Exp. Prob. Focused | Exp. Prob. Focused | Low
99214 | Detailed | Detailed | Moderate
99215 | Comprehensive | Comprehensive | High

Established patient visits require 2 of the 3 criteria to earn the associated level. Therefore, even though this visit had low medical decision making, the history and physical exam both qualify this very normal office visit as a 99215. Too often doctors will judge the level of visit they provided based solely upon how “complicated” they felt the visit was. As you can see in the grading criteria above, the complexity of the visit (MDM) is just one of the grading elements. For established patients, the MDM is graded no more strongly than either of the two other criteria. But remember, new patients have a slightly different grading scale, and it requires all three criteria to earn the level.

As you can see from the history and exam that is described above, this is what we see performed in nearly every “yearly” exam we review. Typically, this would be coded as 92014, because it was a comprehensive yearly eye exam. But remember, if this were billed to Medicare or any other medical payer, the visit is considered a medical office visit and therefore can just as correctly be coded as a 99000 office visit. By coding it as a 99215, it would reimburse ~$20 more than 92014. Doing this just twice a day could add more than $10,000 to your practice’s NET. By following the rules, you can improve your practice profitability without seeing more patients, buying new equipment, or selling more products. Care for your patients the same way you always have, and then choose the CPT code(s) that best represents the documentation. By doing this, you will very likely see a huge opportunity right in front of you.
Member Spotlight
JENNIFER SIMONSON

We are very excited to announce that our COA member, Jennifer Simonson, OD, FCOVD, recently published her second children’s novel titled My Double Vision. My Double Vision tells the story of a patient who still experiences double vision even after a history of patching an eye. This picture book explains the signs and symptoms of esotropia (crossed-eye). It covers current testing methods and advanced vision therapy training used to correct this vision disorder. The goal of binocular (two-eyed training) is to achieve both clear, stable vision and 3-D depth perception. This book is preceded by her debut success, My Perfect Vision.

If you are interested in ordering books for your office, you can find them here: https://www.bouldervt.com/2017/02/01/my-perfect-vision/

Happy May Birthday to:

- Tracy Aigner, OD
- Raul Alderete, OD
- Allen Aubert, OD
- Lisa Badowski, OD
- Cheryl Baker, OD
- David Bisbee, OD
- Lance Bloom, OD
- Byron Bonner, OD
- Brett Borstad, OD
- David Clausen, OD
- Kevin Cottrell, OD
- John Cross, OD
- Lorena De La Garza, OD
- Amy Elsila, OD
- Gina Gabriel, OD
- Curtis Gales, OD
- Kyle Gilbert, OD
- Edward Golesh, OD
- Jay Greenstein, OD
- D’aun Hajdu, OD
- Joseph Hartman, OD
- Lynn Hellerstein, OD
- Joanne Hendrick, OD
- Jerry Hendricks, OD
- Karen Higashi-Reynolds, OD
- Mark Jackson, OD
- Matthew Kaminsky, OD
- Crystal Kasper, OD
- Hale Kell, OD
- Shannon Kessler, OD
- Keely Knoche, OD
- Michael Koditek, OD
- Ana Lopez, OD
- E. Naomi Matoba, OD
- Staci McMullen, OD
- Audrey Merryman, OD
- Marcus Meyer, OD
- Scott Middlemist, OD
- Monique Mikula, OD
- Sarah Moore, OD
- Erika Morrow, OD
- M. Murphy, OD
- Alpa Patel, OD
- Matthew Peterson, OD
- Corey Pratt, OD
- John Rabins, OD
- Reggie Ragsdale, OD
- Stephen Roark, OD
- Deborah Roos, OD
- Jeri Schneebeck, OD
- Grace Shaw, OD
- David Simonson, OD
- Brandon Sloan, OD
- Stacey Spaulding, OD
- Sarah Spieler, OD
- Joanne Takara, OD
- Kenneth Van Amerongen, OD
- Brian Wood, OD
- Jacinta Yeung, OD

Did we miss your special day? Please call the COA office so we can correct our list.
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Occasionally, a patient will present who may apply for Social Security Disability and who has both visual acuity and visual field loss, but doesn’t qualify for SSA disability on visual acuity or visual field alone. Since 2007 it has been possible to combine visual acuity and visual field to determine SSA disability and it is now possible to do this combination two different ways. Unfortunately, these methods will not be welcomed by the mathematically averse.

You may choose one the following two methods to determine Social Security Disability:

<table>
<thead>
<tr>
<th>Method #1: Using Static Perimetry (Section 2.04B)</th>
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Since 2013, static perimetry can be combined with visual acuity to get a score that may qualify a patient for SSA disability. To begin, visual acuity is converted to logMAR (log of the minimum angle of resolution). This is done by taking the base 10 log of the inverse of the visual acuity fraction, or by consulting the following chart.

The visual field score is the absolute value of the Mean Deviation of a 30-2 static field divided by 22. The 30-2 visual field must be performed with the Goldmann III target size and the usual 31.5 apostilbs (10 cd/m2) background illumination. A 24-2 visual field may not be used for this particular section of the SSA disability statute.

If the sum of these two scores is 1.00 or more the patient qualifies.

Example: The better eye has visual acuity of 20/70, so expressed as logMAR that’s the log of 70/20 = log of 3.5 = 0.54. The Mean Deviation of the 30-2 visual field for that eye is -14.3, so the visual field score is the absolute value of -14.3/22 or 0.65. The total score is the sum, so 0.54 + 0.65 = 1.19, which is ≥1.00, so the patient qualifies.

<table>
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<tr>
<th>Method #2: Using Kinetic Perimetry (Section 2.04A)</th>
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This is also known as “visual efficiency”. Visual acuity efficiency is determined by the best corrected visual acuity in the better eye and consulting the following chart.

Visual field efficiency is determined by the total of the eight major hemi-meridians of Goldmann or automated kinetic perimetry, using a III4e isopter. Any meridian which has a scotoma between the visual field perimeter and fixation (except for the physiological blind spot) can subtract the scotoma from the meridian score. Finding scotomas within the seeing area is easier with manual Goldmann than with automated kinetic perimetry, but it can be done with some automated kinetic programs.

SSA considers the normal visual field to be a score of 500 when the total of the 8 hemi-meridians is totaled. So, the visual field efficiency score is the total of the 8 hemi-meridians divided by 500.

Visual acuity efficiency and visual field efficiency scores are converted to a decimal fraction and the product of the two is the visual efficiency. A visual efficiency of 0.20 or less qualifies the patient for disability.

Example: The better eye has best-corrected visual acuity of 20/80, so visual acuity efficiency from the chart is 0.60 in decimal fraction form. The visual field hemi-meridians of that eye are 15, 20, 25, 20, 20, 25, 25 and (30 less a 15 degree scotoma = 15) = 165, so the visual field efficiency is 165/500, or 0.33. Visual efficiency is 0.60 x 0.33 = 0.198, which is less than 0.20, so the patient barely qualifies.

Remember, this definition of disability applies only to disability determination under the Social Security Administration. For other legal blindness definitions, such as the extra exemption for federal income tax, you still have to be 20/200 or worse or have a visual field of 20 degrees or less in the better eye with best correction.

Presented by the COA Low Vision Committee | April, 2017
April 29-30 was a cold snowy spring weekend, but the LeadON class and faculty didn’t let the weather affect their retreat at Peaceful Valley near Ward, Colorado. The mountain setting gave the group the opportunity to learn in a relaxed and fun setting. Each future leader gave a short presentation which was a great way to get to know one another. Besides learning leadership skills, other topics covered included the COA structure and history, what the State Board of Optometry does, and about government and legislative processes. The group will complete a project and attend various meetings and events in the coming year to continue their leadership development.

A giant THANKS to the LeadON co-chairs: Dr. Mitch Munson and Dr. Lindsay Wright, and to the faculty: Dr. Sean Claflin, Dr. Deanna Alexander, Dr. Chris Eddy and Ms. Sheryl Benjamin. The 2017 LeadON class members include Drs. Jackie DeHayes-Rice, Andrew Kamenski, Emma Lundien, Jaclyn Munson, Nathan Osterman, Danny Sanchez, Matthew Scott, Eric Torgerson, Josh Watt, and Brittany Wright.
Dr. Sean Claflin travelled Southern Colorado to visit a few of our members.

First stop was Salida to visit Dr. Michael Millsap at Rocky Mountain Eye Center.

From Salida, Dr. Claflin headed south to the San Luis Valley.

In Monte Vista, Dr. Claflin stopped to visit one of our past presidents, Dr. Paul Heersink, and his practice San Luis Valley Eye Care Center.

From Dr. Heersink’s office, Dr. Claflin popped in on Dr. Brandon Tibbitts in Alamosa at another Rocky Mountain Eye Center location.

From Alamosa, Dr. Claflin headed back north to visit Dr. Mitch Brown at the Rocky Mountain Eye Center in Pueblo.
Growing to Better Serve You.

Welcoming Ophthalmologist
Kevin H. Cuevas, MD

Boulder Eye Surgeons welcomes its newest member – Dr. Kevin Cuevas. Dr. Cuevas is a leading cataract and corneal surgeon with more than 18 years of experience providing medical and surgical eyecare in Colorado.

Dr. Cuevas specializes in advanced microsurgery including laser-assisted cataract surgery and premium intraocular lens technology, with thousands of patients trusting him for their surgical vision correction. He performs surgery at the adjacent Foothills Surgery Center and as always, looks forward to serving you and your patient’s needs in a co-management, friendly environment.

Medical Degree:
University of Southern California

Residency:
University of Texas Southwestern at Dallas

Fellowship:
University of Iowa

Board Certification:
American Academy of Ophthalmology

Dr. Cuevas is now accepting new patients.

For more information, contact Boulder Eye Surgeons at 303-444-3000.

Boulder Eye Surgeons
4745 Arapahoe Avenue, Suite 100
Boulder, CO 80303
303.444.3000

May 2017
In an effort to show you how much we appreciate you, we would love for you to join us for dinner and drinks Saturday, July 15th at 6:45pm in the Pikes Peak banquet room.

Please stop by our booth at the Exhibit Hall. We are looking forward to seeing you!

C. Starck Johnson, MD ~ Richard Stewart, MD ~ Carl Tubbs, MD
Teresa Carlson, OD ~ Crystal Kasper, OD ~ Ketty Lee, OD
Thomas Politzer, OD ~ Robert Prouty, OD
Legislative Update

As we head into the final days for the 2017 legislative session we are excited to share a few updates. Most of the bills that directly impact optometry have been settled but we are closely monitoring the hotly debated budget and any potential late session bills. Look for a full session rundown in the next issue of Viewpoints.


HB1247 was voted down by the House Health, Insurance and Environment committee after a lengthy debate. Going into the hearing we knew it would be a close vote to support the bill and there were also a few on the fence. The arguments provided by pharmacists, patients and our own optometrists were compelling. The two sponsors of the bill, Rep Jessie Danielson and Rep Jon Becker gave passionate arguments. Despite this great effort, it was hard to compete with the sheer numbers and intensity of the insurance lobby, whose pressure even reached up the ranks to House Republican leadership, causing committee members to change their votes.

Thank you to all of the District Captains and Keypersons. Your efforts were important and critical. This was the most heavily lobbied bill the health committee had seen this session. A special thank you to Drs. Zoey Loomis, Jon Pederson and Deanna Alexander who articulated great testimony. Thanks for their time preparing the testimony, cancelling and rescheduling patients, and spending the entire afternoon through 9:30 pm in the Capitol to support this bill. Optometry can be proud of our effort. Our lobbyist said this was the best effort he had witnessed by a group.

SB088 for Network Transparency Signed by the Governor

We are pleased to announce that SB088 was signed by Governor Hickenlooper. This bill will require insurance plans to:

- publish the criteria they use to select providers for their panels
- respond within 30 days to requests by providers for information on the panels they are selected for
- establishes a more transparent process for terminating providers from panels, including a requirement that carriers create a process by which providers can challenge the termination

Huge thanks to Dr. Kent Yount who testified on behalf of COA in support of SB088 and attended the bill signing. We will keep you apprised of any developments as this new law is implemented.

As we head into planning for the 2018 session we want to hear from you about COA’s legislative priorities. Please look for a legislative survey soon. We promise to make it quick and painless.
10 REASONS TO JOIN AND USE VISION WEST

Vision West is the Preferred Eyecare Business Group of the Colorado Optometric Association. To date, Vision West has provided over $362,000 in non-dues revenue support.

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5. **SUPPORT TO ORGANIZED OPTOMETRY**—what does that mean for you? With more than $8 million dollars in support back to State Associations, Schools and Groups, this provides non-dues revenue to help with legislation, dues and education.

6. **FOUNDED BY OPTOMETRY FOR OPTOMETRY**

7. **BUYING POWER**—with more than 3,000 members nationwide, Vision West can access some of the best discounts and programs in the industry from over 200 vendors.

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9. **EXCLUSIVE REBATE PROGRAMS**—from many of our top vendors

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*In 14 clinical trials posted on www.clinicaltrials.gov, a website maintained by the NIH. The 14 clinical studies evaluated subjective comfort as a primary or secondary endpoint for ACUVUE OASYS® Brand with HYDRACLEAR® PLUS Technology. Review conducted as of April 16, 2016.

ACUVUE® Brand Contact Lenses are indicated for vision correction. As with any contact lens, eye problems, including corneal ulcers, can develop. Some wearers may experience mild irritation, itching or discomfort. Lenses should not be prescribed if patients have any eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. Consult the package insert for complete information. Complete information is also available by visiting acuvueprofessional.com, or by calling Johnson & Johnson Vision Care, Inc. at 1-800-843-2020.

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Zak Vest, MD  Bill Richheimer, MD  Bryce Brown, OD

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President’s Chat

Save the date for our next President’s Chat!

May 16th from 12:00 – 12:30pm

Membership Corner

As a thank you for your support of the Colorado Optometric Association, we invite you to attend your local Membership Appreciation Dinner (MAD) this month!

Southern – May 9th at The Warehouse in Colorado Springs
Western – May 11th at Chez Lena in Grand Junction
Northern – May 17th at Door 222 in Loveland
Denver Metro – June 7th at Balistreri Vineyards in Denver

Please register by finding your MAD Dinner on https://colorado.aoa.org/events or email coa@visioncare.org and we will register you!

“The world’s favorite season is the spring. All things seem possible in May.”

– Edwin Way Teale

Top 5 reasons you should join us for 2017 Colorado Vision Summit!

1. This will be your last chance to attend CVS before 2019! In 2018, Colorado Vision Summit will not be held to allow all CVS devotees to attend AOA’s annual conference, Optometry’s Meeting, being held in Denver June 20-24th
2. We will have not one but TWO workshops at CVS this year for a limited number of attendees. First come, first served so reserve your spot today! (Workshops are an additional fee of $50. Only select ONE workshop please to allow as many attendees as possible to participate)
3. For the first time ever, CVS will host a game show and happy hour on Saturday after courses cease for the day. Enjoy our open bar and activity as a way to unwind from a day of education.
4. We have nine speakers providing 32 hours of education with 16 hours obtainable.
5. Don’t miss out on this great opportunity to network with your Optometry colleagues and spend a weekend in Denver! You have all of May to receive the early bird rate of $499 for members! Sign up today at coloradovisionsummit.org.
We can provide your patients with:

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- Lifestyle Intraocular Collamer Lens (ICL) Options
- Pediatrics and Strabismus
- Aesthetics Options/Laser Skin Resurfacing

Call us at 970.221.2222 to schedule your tour of our facilities or a surgical observation!

Visit Us at the 2016 Colorado Vision Summit