

PHILADELPHIA COURT OF COMMON PLEAS
PETITION/MOTION COVER SHEET

CONTROL NUMBER: <p style="text-align: center;">09062101</p> <p>(RESPONDING PARTIES MUST INCLUDE THIS NUMBER ON ALL FILINGS)</p>

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ASSIGNED TO JUDGE:	ANSWER/RESPONSE DATE: 07/08/2009
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November Term, 2003
 Month Year
 No. 00946

NEVYAS ETAL VS MORGAN

Name of Filing Party:
STEVEN A FRIEDMAN-DFT

INDICATE NATURE OF DOCUMENT FILED:

- Petition (*Attach Rule to Show Cause*) Motion
 Answer to Petition Response to Motion

- Has another petition/motion been decided in this case?** Yes No
Is another petition/motion pending? Yes No

If the answer to either question is yes, you must identify the judge(s):

TYPE OF PETITION/MOTION (<i>see list on reverse side</i>)		PETITION/MOTION CODE (<i>see list on reverse side</i>)	
MISCELLANEOUS MOTION		MTMIS	
ANSWER / RESPONSE FILED TO (Please insert the title of the corresponding petition/motion to which you are responding):			
I. CASE PROGRAM NON JURY PROGRAM		II. PARTIES (<i>required for proof of service</i>) (Name, address and telephone number of all counsel of record and unrepresented parties. Attach a stamped addressed envelope for each attorney of record and unrepresented party.) JEFFREY B ALBERT 48 OAKWOOD DRIVE , DRESHER PA 19025 CARL HANZELIK DILWORTH PAXSON LLP 3200 MELLON BANK CENTER 1735 MARKET STREET , PHILADELPHIA PA 19103 PETER J HOFFMAN ECKERT SEAMANS CHERIN MELLOTT TWO LIBERTY PLACE 50 SOUTH 16TH ST 22ND FLOOR , PHILADELPHIA PA 19102 LEON W SILVERMAN 230 S. BROAD STREET 17TH FLOOR , PHILADELPHIA PA 19102 HERBERT J NEVYAS 1528 WALNUT ST , PHILADELPHIA PA 19102	
III. OTHER			

By filing this document and signing below, the moving party certifies that this motion, petition, answer or response along with all documents filed, will be served upon all counsel and unrepresented parties as required by rules of Court (see PA. R.C.P. 206.6, Note to 208.2(a), and 440). Furthermore, moving party verifies that the answers made herein are true and correct and understands that sanctions may be imposed for inaccurate or incomplete answers.

_____ June 17, 2009 _____ MAUREEN P. FITZGERALD _____
 (Attorney Signature/Unrepresented Party) (Date) (Print Name) (Attorney I.D. No.)

The Petition, Motion and Answer or Response, if any, will be forwarded to the Court after the Answer/Response Date. No extension of the Answer/Response Date will be granted even if the parties so stipulate.

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HERBERT J. NEVYAS, M.D.
ANITA NEVYAS-WALLACE, M.D.,
NEVYAS EYE ASSOCIATES, P.C.
Plaintiffs,

v.

DOMINIC MORGAN
STEVEN FRIEDMAN
Defendants.

:
: COURT OF COMMON PLEAS
: PHILADELPHIA COUNTY
:
: NOVEMBER TERM, 2003,
: No. 00946
:
:
:

ORDER

AND NOW, this day of , 2009, upon consideration of Defendant Steven Friedman's Motion to Determine Plaintiffs' Public Figure Status, his supporting Brief and Exhibits, and any Response thereto, it is hereby ORDERED that Defendant Friedman's Motion is GRANTED and that Plaintiffs are determined to be "limited purpose public figures" in this defamation claim at trial.

J. Rodgers

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Plaintiffs,

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DOMINIC MORGAN
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DEFENDANT STEVEN A. FRIEDMAN, M.D., J.D., LL.M.'S BRIEF
IN SUPPORT OF HIS MOTION TO DETERMINE PLAINTIFF'S
PUBLIC FIGURE STATUS

Defendant Steven Friedman, Esquire, [hereinafter "Friedman"], by and through counsel, hereby moves this Honorable Court for a ruling to determine the public figure status of Plaintiffs in this defamation action. Specifically, Friedman requests that this Court deem Plaintiffs to be "limited purpose public figures." In support thereof, Friedman states that following and incorporates his supporting Brief and Exhibits.

1. Plaintiff Herbert Nevyas, M.D. ["Nevyas"] is a practicing ophthalmologist in Pennsylvania and New Jersey, and is the 60% owner of Nevyas Eye Associates, P.C. Nevyas describes himself as a recognized leader in LASIK surgery, an innovator in surgical equipment and procedures, a medical expert in the field of LASIK surgery, a pioneer in vision correction, and the author of over 40 ophthalmic publications.

2. Plaintiff Anita Nevyas-Wallace [“Wallace”] is a practicing ophthalmologist in Pennsylvania and New Jersey and is the 40% owner of Nevyas Eye Associates, P.C. Wallace describes herself as a recognized innovator in the field of refractive surgery, an inventor of techniques to make LASIK surgery safer, a medical expert in LASIK surgery and an internationally recognized physician.

3. Nevyas Eye Associates [“NEA”] is a professional corporation with offices located throughout Pennsylvania and New Jersey, and describes itself as a worldwide expert in the field of refractive surgery and a leader in the field of LASIK surgery.

4. Co-defendant Dominic Morgan [“Morgan”] underwent LASIK surgery performed by Plaintiffs in 1998, after having heard several of Plaintiff’s radio advertisements regarding LASIK surgery. The outcome of the surgery was poor and Morgan is now legally blind.

5. Friedman is an attorney and also a physician practicing internal medicine. Morgan retained Friedman to represent him in a medical malpractice action against Plaintiffs. The claims pursued included medical negligence, as well as violations of FDA regulations regarding the use of the specific laser.

6. The medical malpractice action resolved by way of binding arbitration. Thereafter, in 2003, Morgan created a website known as, “lasiksucks4you.com” and proceeded to discuss his experience with LASIK surgery, his lawsuit, the Plaintiffs and the specific laser used during the procedure. At some point after the website was created, Morgan uploaded several letters Friedman had sent on his behalf to the FDA regarding Plaintiffs and their use of the laser without full FDA approval.

7. As a result of statements made on Morgan's website, Plaintiffs filed this defamation action, in 2003 and then added Friedman as a defendant in 2004.

8. Before this Court can rule on the merits of the defamation claim, it must first determine the public figure status of Plaintiffs. This determination of a plaintiff's public figure status is a particularized and fact-sensitive analysis, but it is also a question of law to be determined by the Court. *Gertz v. Robert Welch, Inc.*, 418 U.S. 323, 344, 94 S.Ct. 2997, 3009 (1974); *American Future Systems, Inc. v. Better Business Bureau of Eastern Pennsylvania*, 923 A.2d 389, 401 (Pa. 2007).

9. Friedman submits that Plaintiff are limited purpose public figures, and that, consequently, Plaintiffs need to show that Friedman acted with malice with regard to any purported defamatory statements made about them.

10. Limited purpose public figures are "less deserving of (judicial) protection ... because they have voluntarily exposed themselves to increased risk of injury" from defamatory falsehood concerning them. *Gertz*, *supra*, 418 U.S. at 345, 94 S.Ct. at 3009. Two characteristics are particularly relevant to the court's analysis on this issue: (1) a plaintiff's ability to rebut the defamatory statements due to greater access to the channels of communications than private individuals; and (2) voluntary exposure by plaintiff to the controversy. *American Future Systems, Inc.*, *supra*, 923 A.2d at 401; *Gertz*, *supra*, 418 U.S. at 344, 94 S.Ct. at 3009.

11. Plaintiffs meet the criteria to be classified as limited purpose public figures as they have significant access to effective communication channels, including radio, television, internet, and print media outlets, as well as sponsoring over 80

educational seminars, and employing persons solely for the purpose of promoting Plaintiffs and LASIK surgery.

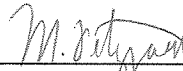
12. Through their conduct, Plaintiffs have voluntarily thrust themselves into the public discussion concerning LASIK surgery, and Plaintiffs have attempted to influence public opinion concerning the safety of LASIK surgery and their own qualifications to perform the procedure.

13. Plaintiffs have actually used their access to communication channels and financial resources to counter representations made on Morgan's website regarding their qualifications and regarding LASIK surgery.

14. As such, and for the reasons set forth more fully in his Brief and Exhibits, Friedman respectfully submits that Plaintiffs should be deemed to be limited purpose public figures with regard to this case, and that Plaintiffs must prove that any alleged defamatory statement made by Friedman was made with malice.

Respectfully submitted,

Eckert Seamans Cherin & Mellott, LLC



Maureen P. Fitzgerald, Esquire
Attorney for Defendant
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Dated: June 17, 2009

CERTIFICATE OF SERVICE

I, Maureen P. Fitzgerald, Esquire, do hereby certify that on this 17th day of June, 2009, I caused a true and correct copy of Defendant Steven A. Friedman, M.D., J.D., L.L.M.'s Motion to Determine Plaintiff's Public Figure Status to be served upon the following:

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NEVYAS EYE ASSOCIATES, P.C.
Plaintiffs,

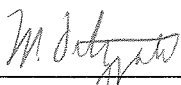
v.

DOMINIC MORGAN
STEVEN FRIEDMAN
Defendants.

:
: COURT OF COMMON PLEAS
: PHILADELPHIA COUNTY
:
: NOVEMBER TERM, 2003,
: No. 00946
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DEFENDANT STEVEN A. FRIEDMAN, M.D., J.D., LL.M.'S BRIEF
IN SUPPORT OF HIS MOTION TO DETERMINE PLAINTIFF'S
PUBLIC FIGURE STATUS

ECKERT SEAMANS CHERIN & MELLOTT, LLC



Maureen P. Fitzgerald, Esquire
Attorney for Defendant
Steven A. Friedman, M.D., JJM, LL.M.

Dated: June 17, 2009

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QUESTION PRESENTED

Should Plaintiffs be deemed to be limited purpose public figures in this defamation action arising from co-defendant Morgan’s website regarding LASIK surgery, where Plaintiffs have had significant access to effective channels of communication, and have voluntarily injected themselves into the public discussion concerning LASIK surgery?

Suggested Answer: Yes.

I. INTRODUCTION

This matter arises from an physician patient relationship whereby co-defendant Dominic Morgan (“Morgan”) underwent LASIK eye surgery to repair nearsightedness in both of his eyes. The surgery was performed by plaintiff Anita Nevyas Wallace, M.D. (“Wallace”), using a laser device procured by plaintiff Herbert J. Nevyas, M.D. (“Nevyas”), while conducting business through their jointly owned practice, Nevyas Eye Associates, P.C. (“NEA”).

The outcome of Morgan’s LASIK surgery was poor and he was rendered legally blind in both eyes. He subsequently brought a medical malpractice action in this Court against Wallace, Nevyas and NEA. Morgan was represented by Defendant Steven Friedman, Esquire (“Friedman”) in that action. After the medical malpractice action concluded, Morgan created his own website which discussed his experience with LASIK eye surgery. Morgan published certain statements about Plaintiffs on his website, including uploading letters Friedman wrote to the Food & Drug Administration (“FDA”) on his behalf.

Plaintiffs filed suit in this Court asserting a defamation claim against both Friedman and Morgan based upon statements made on the website. Before the Court can evaluate Plaintiffs’ defamation claim against Friedman, it must first determine whether Plaintiffs are “limited

purpose public figures” under the law. If plaintiffs are held to be limited purpose public figures, then they must prove that Friedman acted with malice with regard to the alleged defamation. If not, then plaintiffs need only show negligence.

A limited purpose public figure is one who has access to effective channels of communication and who voluntarily injects oneself into a matter of public controversy. Friedman respectfully submits that Wallace, Nevyas and NEA should be deemed to be “limited purpose public figures” with regard to the claims of defamation they have asserted. Plaintiffs have had significant access to effective channels of communication, in the form of extensive promotion through radio, television, print and internet outlets, as well as employees whose sole job responsibilities are to promote Plaintiffs and LASIK surgery to the medical community and public at large. By virtue of their access to these communication channels, as well as their professional efforts and publications, Plaintiffs have voluntarily thrust themselves into the public discussion regarding LASIK surgery and their own qualifications to perform this procedure. As such, they are limited purpose public figures in this case.

II. FACTUAL BACKGROUND

1. Plaintiffs’ Use of the Excimer Laser for LASIK Procedures

LASIK eye surgery is an elective surgical procedure whereby an excimer laser is used to cause physical change in the cornea which can result in vision corrected without eyeglasses. It became prevalent in the mid-1990’s as a means by which near-sightedness or far-sightedness could be corrected. Under the Federal Food, Drug and Cosmetic Act, all such laser devices used to perform medical procedures on humans must be fully licensed by the FDA, be subject to an Investigation Device Exemption (“IDE”) used under the FDA’s review, or be a custom device used for a particular patient. Any medical procedure performed in violation of this Act was subject to both criminal and civil penalties.

In 1995, Plaintiffs began using an excimer laser for LASIK eye surgery without FDA approval. In 1996, the FDA notified physicians that, in its view, the continued use of an excimer laser was not permitted and they would be required to apply for an IDE. The FDA offered a program in November of 1996, and again in January of 1997, as to how to apply for an IDE. The FDA promised that it would not take action against ophthalmologists if they obtained an IDE, and scheduled training programs for physicians to learn how to apply for an IDE.

In March of 1997, Plaintiffs submitted an IDE application to the FDA. However, prior to the submission of this application, Plaintiffs had performed almost 200 LASIK procedures using the excimer laser. While Plaintiff's IDE application was pending, the FDA instructed Plaintiffs that they were not to perform any more surgeries with this laser until the IDE was granted, and that any use of this laser to treat patients was a violation of the law.

Rather than wait for the FDA to act on its application for an IDE, Plaintiffs formed their own in-house institutional review board ("IRB") in April of 1997. The purpose of this IRB was to obtain a writing from the IRB stating that plaintiffs were cleared to use their laser -- effectively maneuvering around the FDA's application process. Indeed, during this period before the FDA granted conditional approval of the IDE, plaintiffs performed numerous LASIK surgeries using their laser, in contrary to the FDA's directive. Plaintiffs did not disclose to the FDA that they had used this laser during the period prior to August of 1997.

The FDA conditionally granted the IDE on August 2, 1997, at which point plaintiffs advertised and promoted the availability of LASIK eye surgery by radio and television. Plaintiffs were seeking approval from the FDA to make their laser device available for commercial distribution. However, the FDA never approved this device for such use or any use at all, and plaintiffs eventually abandoned it in favor of a competitor's laser device that had received full FDA approval.

2. Morgan's LASIK Surgery and Medical Malpractice Claim

Morgan underwent his LASIK surgery in 1998, after having heard advertisements from NEA aired on KYW 1060 news radio. Wallace performed the procedure at the NEA offices, using the excimer laser device which Nevyas had procured, but which never received full FDA approval. Plaintiffs' use of this excimer laser was shut down shortly thereafter. Morgan's surgery did not achieve the anticipated results, and he is now legally blind.

In April of 2000, he filed a medical malpractice action against Plaintiffs in this Court, and was represented by Friedman.¹ The claims pursued in this action included medical negligence, lack of informed consent, deceptive trade practices, and violations of the Federal Anti-Kickback Act, the False Claims Act and FDA violations. Although Morgan, through Friedman, requested various discovery relating to the use of this specific laser and Plaintiffs' interactions with the FDA regarding the laser, much of the information requested was not supplied during the underlying case. All claims were dismissed prior to trial, with the exception of the medical malpractice claim. By agreement of all the parties, the remaining medical negligence claim was submitted to arbitration with a "high-low" arrangement in place. The arbitrator ruled in plaintiffs' favor, resulting in him receiving the "low" payment.

Dissatisfied with the outcome of the medical malpractice action, Morgan retained Friedman to represent him in pursuing the matter before the FDA. Specifically, Morgan requested that the FDA investigate plaintiffs and their use of the specific laser while performing LASIK surgery. He requested that the matter be presented to the FDA's Ophthalmic Devices Panel. In conjunction with this representation, Friedman sent letters to the FDA, dated December 28, 2001, August 10, 2002 and December 4, 2003. Friedman provided copies of these letters to his client, Morgan, around the time the letters were sent.

¹ Attorney Friedman is also a medical doctor and currently practices internal medicine in Delaware County, PA.

3. Morgan's Website and Plaintiffs' Subsequent Defamation Lawsuit

Thereafter, in June of 2003, Morgan created a website, known as "Lasiksucks4you.com," in which he related his personal experience with LASIK surgery, and began to post a series of articles and commentary critical of the LASIK procedure and the care he received from Plaintiffs. He also discussed his medical malpractice lawsuit, the specific laser used in his surgery, and whether that laser complied with FDA regulations. Unbeknownst to Friedman, at some point after the website was created, Morgan uploaded portions of Friedman's letters sent to the FDA.

Plaintiffs then filed an amended defamation action in this Court against Morgan in November of 2003 based upon his website. On July 13, 2004, Plaintiffs filed an Amended Complaint in this action, adding Friedman as a defendant and asserting a defamation claim against him based upon his letters to the FDA which were published by Morgan on his website.

III. LEGAL ARGUMENT

A. The Standard for a Limited Purpose Public Figure

Under the First Amendment, the amount of protection afforded plaintiffs in a defamation action depends on whether plaintiffs are public figures or private persons. *Weber v. Lancaster Newspapers, Inc.*, 878 A.2d 63, 74 (Pa. Super. 2005). If a plaintiff is a public figure, then plaintiff must prove that the alleged defamatory statement was published with actual malice, i.e. with knowing falsity. If a plaintiff is not a public figure, then plaintiff need only show that the alleged defamatory statement were negligently made. *Manning v. WPXI, Inc.*, 886 A.2d 1137, 1143-1144 (Pa. Super. 2005). The classification of a plaintiff as either a public or private figure is a question of law to be determined initially by the trial court. *Iafrate v. Hadesty*, 423 Pa. Super. 619, 621 A.2d 1005 (1993). This inquiry into a plaintiff's public figure status is a

particularized and fact sensitive analysis. American Future Systems, Inc. v. Better Business Bureau of Eastern Pennsylvania, 923 A.2d 389, 404 (Pa. 2007).

In making this determination, courts are guided by several considerations. First, public figures “usually enjoy significantly greater access to channels of effective communication” and hence have a more realistic opportunity to counteract false statements than private individuals normally enjoy. Gertz v. Robert Welch, Inc., 418 U.S. 323, 344, 94 S.Ct. 2997, 3009 (1974). Public figures are “less deserving of (judicial) protection ... because they have voluntarily exposed themselves to increased risk of injury” from defamatory falsehood concerning them. *Id.*, at 418 U.S. at 345, 94 S.Ct. at 3009. Thus, two characteristics are particularly relevant to the court’s analysis on this issue: (1) a plaintiff’s ability to rebut the defamatory statements due to greater access to the channels of communications than private individuals; and (2) voluntary exposure by plaintiff to the controversy. See American Future Systems, Inc. v. Better Business Bureau of Eastern Pennsylvania, 923 A.2d 389, 401 (Pa. 2007); Gertz, supra, 418 U.S. at 344, 94 S.Ct. at 3009.

A plaintiff can be classified as a public figure in two different scenarios. First, the “all purpose” public figure is a scenario where an individual may achieve such pervasive fame or notoriety that he becomes a public figure for all purposes and in all contexts. Gertz v. Robert Welch, Inc., *supra*, 418 U.S. at 351, 94 S.Ct. at 3013. Alternatively, a “limited purpose public figure” -- a much more common scenario -- arises where a plaintiff voluntarily injects himself or is drawn into a particular public controversy and thereby becomes a public figure for a limited range of issues. *Id.* Such a person has used “purposeful activity” to thrust “his personality” into a public controversy. Curtis Publishing Co., v. Butts, 388 U.S. 130, 155, 87 S.Ct. 1975 (1967).

Traditionally, a plaintiff could only be a limited purpose public figure relative to a pre-existing controversy in which he elected to participate. American Future Systems, supra, 923

A.2d at 401. However, the Pennsylvania Supreme Court recently expanded this scenario and held that a plaintiff may become a limited purpose public figure as a result of its own activities, particularly with respect to widespread public solicitation and advertisements. *Id.* at 923 *A.2d at 401-02*, citing, *National Foundation for Cancer Research v. Council of Better Business Bureau*, 705 F.2d 98 (4th Cir. 1983); *Steaks Unlimited, Inc. v. Deaner*, 623 F.2d 264 (3d Cir. 1980); *Bruno & Stillman, Inc. v. Globe Newspaper Co.*, 633 F.2d 583 (1st Cir. 1980). Thus, promotional speech by the plaintiff that overlaps with the subject matter of the alleged defamatory speech is now a sufficient basis to be classified as a limited purpose public figure. *American Future Systems*, *supra*, 923 *A.2d at 403-04*.

B. Plaintiffs Are Limited Purpose Public Figures With Regard to the Subject Matter of LASIK Eye Surgery

When analyzing whether a plaintiff is a limited purpose public figure, Pennsylvania courts consider whether plaintiff had access to effective channels of communication and sought to influence the resolution or outcome of a public controversy; whether plaintiff voluntarily assumed a role of special prominence; whether the controversy existed prior to the publication of the alleged defamation, and whether plaintiff retained public figure status at the time of the alleged defamation. *Joseph v. Scranton Times*, 959 *A.2d 322, 340* (*Pa. Super. 2008*), citing *Marcone v. Penthouse Int'l Magazine*, 754 F.2d 1072, 1082 (3d Cir. 1985).

1. Plaintiffs Had Access to Effective Radio, Television, Print and Internet Communication Channels And Sought to Influence the Controversy Over LASIK Surgery Through These Channels

At the time of the alleged defamation, Plaintiffs have had significant access to numerous effective communication channels. Indeed, they devoted substantial financial resources to these channels and sought to influence the public debate over LASIK surgery through these channels. These communication channels include radio, print, television and internet outlets whereby

Plaintiffs advertised their LASIK surgery capability and promoted themselves and the safety of the LASIK procedure and laser devices.

With regard to radio as a mode of communication, Plaintiffs regularly ran advertisements on numerous popular radio stations explicitly promoting LASIK surgery, namely -- WIP 610, WMGK 104.5, KYW 1060 AM and WNJC 1300 AM. Advertisements were aired to “let the world know” about plaintiffs’ new LASIK equipment and instrumentation, and at one point, specifically promoted the laser device which Wallace used when operating on Morgan. NEA spends \$10,000 monthly, or \$120,000 annually, just on radio advertising. The objective of this advertising is to obtain LASIK patient referrals. Both Nevyas and Wallace, as well as NEA employees are involved in developing the content for these radio advertisements. (Nevyas Dep., Exhibit “A,” pp. 43, 44, 180-81, 184; Schafer Dep., Exhibit “B”, pp. 20, 23-27; Wallace Dep., Exhibit “C”, pp. 294-95).²

The specific radio ads which aired on KYW 1060 between July - October of 2001 explicitly mentioned NEA, Nevyas and Wallace by name and were scripted to cite the following:

- NEA, with a tradition of excellence in eye surgery for over 30 years
- NEA performs advanced vision correction, including laser correction
- NEA has the most modern techniques to increase your visual independence

- NEA is the only practice in the Philadelphia area to offer the new LTK laser system... This LTK procedure is one of the safest... this new laser procedure takes less than 3 seconds of laser time per eye

- Call NEA at 1-800-9-LASER-6 for a free evaluation

- NEA are not only highly skilled surgeons but are experienced in a wide range of advanced refractive surgery techniques which correct nearsightedness

² All exhibits referred to in this Brief are separately bound and labeled as “Exhibits in Support of Defendant Friedman’s Motion and Brief to Determine Public Figure Status of Plaintiffs.” These Exhibits are being simultaneously filed with the Brief and Motion.

(See Declaration of KYW General Manager and attached documentation, Exhibit “D”).

In addition to these scripted radio ads, NEA also submitted bullet points to radio broadcasters to read and discuss their own experiences. (Schafer Dep., Ex. B, pp. 25-26). Wallace herself appeared on commercial radio six or seven times to promote LASIK surgery and has also appeared on a public radio call-in show. (Wallace Dep., Ex. C, pp. 76-79).

Along with radio, Plaintiffs utilized television as a mode of communication to promote themselves and LASIK surgery. Prior to the creation of Morgan’s website, Plaintiffs paid to appear on MDTV, which is a cable television station based in New York that features medical issues of public interest. (Wallace Dep., Ex. C, pp. 324-326). By paying MDTV, Plaintiffs were provided with a national audience for a 30 minute exclusive televised broadcast entitled “LASIK Surgery.” Nevyas and Wallace appeared on television and were introduced as “medical experts in the field of refractive surgery, specifically LASIK laser vision correction.” Both Nevyas and Wallace were the sole physicians featured as speakers on the broadcast, and were accompanied by three NEA patients who favorably discussed their respective LASIK experiences with Plaintiffs. Nevyas and Wallace specifically promoted the excimer laser and the safety of LASIK surgery during this broadcast. Some of the representations made during this television broadcast were as follows:

- Moderator: “Nevyas is a pioneer in vision correction with more than 20 years performing refractive surgery. He is a technological leader in the field of ophthalmic surgery.”
- Nevyas: “We use an excimer laser which is computer controlled so that each pulse is in precisely the right place.”
- Moderator: “[Wallace] has performed thousands of LASIK procedures in the Delaware Valley and has operated internationally as an invited guest surgeon and recognized innovator in the field of refractive surgery.”
- Moderator: “Wallace joins us as a guest medical expert. Wallace is a Fellow of the American Academy of Ophthalmology and an award winning

member of the American Society of Cataract and Refractive Surgery for innovative work in her field.”

- Wallace: “LASIK is very safe. In fact, statistics show that nationwide 98 percent of patients experience significant improvement of their vision. I also enjoy teaching doctors to become good surgeons and I love inventing ways to make an excellent procedure even better. I feel very fortunate to have been able to contribute to the field.”
- Six different times throughout the broadcast, the following statement was aired: “To learn more about LASIK laser vision correction or to find out if you are a candidate for LASIK, you can reach Nevyas Eye Associates toll free at 800-9-LASER-6. That’s (800) 952-7376.”

(See MD TV Medical News Transcript, Exhibit “E”). This 30 minute presentation was broadcast numerous times on the MD TV cable television channel, on channels in the Philadelphia area, and on public television channels. It was also shown to prospective patients at NEA’s offices throughout Pennsylvania and New Jersey. (Nevyas Dep., Ex. A, pp. 177-79; Wallace Dep., Ex. C, pp. 83-84, 320-21). In addition to appearing on this MDTV 30-minute broadcast, Wallace has appeared on local network television news programs, such as Channel 10, to promote herself, NEA and LASIK. (Wallace Dep., Ex. C, 74-75).

Plaintiffs also promoted LASIK surgery and themselves in the print media. They regularly advertised in publications such as The Trend, City Suburban News, and the Yellow Pages, and also presented and published numerous scientific and medical papers which have addressed LASIK to the American Society for Cataract and Refractive Surgery. (Schaffer Dep., Ex. B, pp. 26, 29; Wallace Dep., Ex. C, pp. 65, 67-68, 89; Nevyas Dep., Ex. A, pp. 133-34). Plaintiffs retained an advertising agency to develop a marketing brochure for NEA, and this brochure was distributed to all members of the Delaware Valley Refractive Surgery Partnership and to all people who called NEA for information. (Wallace Dep., Ex. C, pp. 85, 88; Nevyas Dep., Ex. A, pp. 38-40).

Finally, plaintiffs use the internet extensively as another mode of communication to promote themselves and LASIK surgery to the public. NEA developed its own website and Plaintiffs retained an outside company to maintain this website and make changes as needed to reflect new technologies and new directions. (Nevyas Dep., Ex. A, pp. 27-31). NEA also pays MedNet for internet visibility and awareness to promote its name and that of Nevyas and Wallace throughout the internet. (Nevyas Dep., Ex. A, pp. 98-99). Plaintiffs have used the NEA official website to make the following representations about Wallace, Nevyas and NEA:

- Wallace: “An innovator in the field of refractive surgery, Dr. Nevyas-Wallace has designed and patented instrumentation to make refractive procedures safer and more precise. ... She has held faculty appointments at the Medical College of Pennsylvania and the University of Pennsylvania. ... She has invented techniques and instrumentation which make refractive surgery safer and more precise. She has taught refractive surgery since 1993, and she is the senior instructor for hands-on training in cataract surgical technique for the American Academy of Ophthalmology. She has been recognized by the American Society of Cataract and Refractive Surgery for her innovative work. She has performed surgery and taught surgical techniques internationally.”
- Nevyas: “Dr. Herbert Nevyas is a recognized leader in ophthalmic surgery, particularly refractive surgery. An innovator in surgical equipment and procedures, Dr. Nevyas hold a number of ophthalmic patents. Techniques and instruments bearing his name are used worldwide. He has also invented two varieties of intracocular lens implants. He performs a full range of refractive surgery procedures including LASIK excimer laser surgery. He has delivered many papers on refractive surgery, including award winning presentations. He has lectured widely and has authored more than 40 ophthalmic publications for major journals.”
- NEA: “NEA physicians have performed over 50,000 cataract and laser surgical procedures ... In addition to being recognized as worldwide experts in the field of refractive surgery, NEA is also held in high regard by eye doctors in the Delaware Valley... NEA is often referred to as “the doctor’s doctor.”... NEA is a leader in the field of LASIK eye surgery.

(See NEA Website Materials, Exhibit “F”).

Plaintiffs also have several video presentations available for viewing on the NEA website, including the MDTV broadcast regarding LASIK surgery. These videos promote themselves and LASIK surgery to the public and seek to influence the public opinion on the procedure. (See Ex. F).

Aside from their own NEA website, Plaintiffs have used several other websites on the internet to promote themselves and LASIK surgery. Wallace's uncle developed a website called "Quackwatch.com," which purportedly exposes quackery and professes to give supposedly accurate information to the public. Both Wallace and Nevyas published articles on this Quackwatch website regarding LASIK, with the intent to educate consumers about false information available over the internet regarding LASIK. (Wallace Dep., Ex. A, pp. 309-12; Quackwatch Article, "*Refractive Surgery*," Exhibit "G").

Further, both Wallace's and Nevyas' names appeared on other internet sites, both prior to, and subsequent to, the creation of Morgan's website. Their names were linked to various scientific presentations or publications which they authored or presented. (Wallace Dep., Ex. C, pp. 255-56). In addition to the Quackwatch.com and NEA official website, Plaintiffs use many other internet sites to promote themselves and LASIK surgery. Some of these other sites are: Docshop.com, LaserSurgeryEyes.com, Medlawplus.com, Phillyhealth.com, Squidoo.com, Healthgrades.com, Lasikeyesurgerycorrection.com, Myeyenet.com, 800review.com, and Yahoo.com. (See Internet Materials From Other Websites, Exhibit "H").

Finally, along with using radio, television, print and internet channels to reach the public, Plaintiffs also utilize manpower resources. NEA employs individuals whose responsibilities are related solely to marketing. In particular, since 1993, NEA has employed Dr. Richard Sterling as its Director of Interpersonal Relations. Dr. Sterling's primary role is to "network" with South Jersey and Philadelphia optometrists and ophthalmologists and to "make the world aware of the

services performed at NEA.” (Sterling Dep., Exhibit “I”, pp. 8, 52 – 53). He is a full-time employee who spends 2/3 of his time visiting other medical professionals to promote NEA and its services in the community, including LASIK. (*Id.*, pp. 31-35). NEA also employs Caroline Cowper, whose job duties include monitoring the media publications and websites of competitors and then devising media responses to those publications on behalf of NEA. (Cowper Dep., Exhibit “J”, pp. 21, 34-35). NEA also employs Kristen Schafer who is responsible for its radio advertisements aired on at least six different stations. (Schafer Dep., Ex. B, pp. 23-24).

Through both the manpower resources and media channels (radio, television, print, internet) plaintiffs have tremendous access to effective means of communication, with both the general public and the referring medical community. Since the mid-1990’s through the present, Plaintiffs have used these channels to express the view that LASIK is both safe, and that they are uniquely qualified to perform the procedure. As such, plaintiffs are positioned to easily counter and statement perceived to be inaccurate about their reputation, qualifications or LASIK surgery.

2. By Virtue of Their Marketing and Educational Activities, Plaintiffs Have Voluntarily Assumed A Role of Special Prominence in the Area of LASIK Surgery

Through the above-cited radio, television, internet and print media channels, plaintiffs have promoted themselves as “leaders,” “innovators,” “pioneers” and “worldwide experts” in the field of LASIK surgery. Plaintiffs describe themselves using these terms, and repeatedly allow others to refer to them as “expert” “leaders” and “innovators” in the field of refractive surgery and LASIK in particular. In addition to their self promotion, plaintiffs have also assumed a role of special prominence in this field based upon their educational and research activities.

Over the last ten years, NEA, Wallace and Nevyas have hosted and sponsored over eighty (80) Continuing Medical Education seminars for other medical professionals. These seminars

are designed to educate other ophthalmologists about medical developments. LASIK surgery is discussed at these seminars and some seminars are devoted exclusively to LASIK surgery.

Wallace, Nevyas and other NEA physicians have been featured speakers at these seminars. Hundreds of Philadelphia and South Jersey physicians often attend each seminar, which NEA hosts at a local hotel on City Line Avenue. (Sterling Dep., Ex. I, pp. 12-13, 15-16, 23, 46-47, 49-50; Nevyas Dep., Ex. A, pp. 20, 212; Wallace Dep., Ex. C, p. 209).

In addition to the NEA-sponsored educational medical seminars, Wallace, Nevyas and NEA often accept invitations from other physicians across the country to speak at their educational seminars. (Wallace Dep., Ex. C, p. 209). Both Nevyas and Wallace have also lectured at prestigious universities, such as the University of Pennsylvania, and at various community events, such as Career Days, nursing homes and school groups, where they discuss topics including LASIK surgery. (Nevyas Dep, Ex. A, p. 213; Wallace Dep., Ex. C, 79-80). Both Nevyas and Wallace have presented and published scientific presentations involving LASIK surgery to the American Society of Cataract and Refractive Surgery – the preeminent national medical society related to LASIK surgery, and have published papers on internet .sites such as Quackwatch.com. (See Ex. G).

Nevyas promotes himself as an innovator since he has also applied for several patents with regard to his efforts to develop new technology and medical devices relating to the excimer laser used in LASIK surgery. (Nevyas Dep., Ex. A, pp. 156-57). Wallace has been described as being at the “forefront of refractive surgery” and claims to have brought the latest techniques and input with regard to the selection of lasers. She also claims to be the first area physician to be certified in certain specialized lens procedures. (Nevyas Dep., Ex. A, pp. 130-31). Nevyas and Wallace have appeared on the MD-TV cable channel and have joined the channel’s staff as medical experts. (See Ex. E).

These voluntary acts by NEA, Wallace and Nevyas establish their role of special prominence in both the medical community and with the public regarding LASIK surgery.

3. The Topic of LASIK Surgery Was A Matter of Public Concern and Controversy That Existed Prior to Morgan's Website

Morgan created his website in 2003 and uploaded Friedman's letters to the FDA at some point between 2003-2004. Prior to this time frame, a tremendous amount of publicity was devoted to LASIK eye surgery, its risks, complications, and the use of lasers for the procedure.

Major media outlets devoted significant attention to the topic of LASIK eye surgery prior to the publication of Friedman's letters. A sampling of just some of the news publications between 1996 and 2003 addressing LASIK surgery prior to the publication of Friedman's letters include the following:

- July 27, 1996: Philadelphia Inquirer: *Doctors Told Not to Use Unapproved Lasers*
- July 12, 1997: The New York Times: *FDA Advisory Panel Endorses A New Laser Procedure for Eyes*
- May 17, 1999: The New York Times: *Under the Laser, Up Close and Personal*
- October 12, 1999: Washington Post: *What Have I Done to My Eyes?*
- May 1, 2000: ABC News: *Risks Associated with Lasik Surgery*
- August 1, 2000: The New York Times: *Laser Eye Surgery's Turf War*
- August 15, 2000: Washington Post: *Eyes Wide Open; Lasik Surgery; A Guide to the Marketplace*
- October 12, 2000: Washington Post: *The Lure of Laser Surgery; Should You Have It?*
- April 3, 2001: Washington Post: *Getting Burned by Lasik Surgery*
- July 10, 2001: Washington Post: *For Some Lasik Patients, No More Tears; Researchers Find That Dry Eyes is Potentially Debilitating Side Effect*
- September 4, 2001: Washington Post: *Eyeball Hardball*
- September 11, 2001: Washington Post: *A Black Eye for Lasik*
- June 4, 2002: Philadelphia Inquirer: *Guidelines for Lasik Surgery*
- June 11, 2002: Washington Post, *New Lasik Guidelines: Do You Make the Cut?*
- May 28, 2002: Washington Post: *For Some Injured By Lasik Surgery, A New Fix*

- April 29, 2003: Washington Post: *Lasik's New Revision; Can a New Eye-Mapping Technology Reduce Bad outcomes? We'll See*
- February 2, 2003: The New York Times: *Fewer People Choosing Lasers Over Lenses*
- February 18, 2003: BBC News: *Laser Eye Surgery Risks Highlighted*

(See Exhibit "K", Compilation of News Articles).

Plaintiffs themselves acknowledge that the topic of LASIK eye surgery and the use of lasers was frequently addressed in the media, and that this media attention was both favorable and unfavorable. Prospective patients often came in with questions about whether they should undergo the procedure – and their concerns were based on various media sources which preceded Morgan's website. Specifically, plaintiffs concede that there were many negative sources of information on the internet about LASIK in the 1990's, and that other NEA patients critical of LASIK had put up information on the internet prior to Morgan. (Wallace Dep., Ex. C, pp. 252-254, 257, 314-15; Copter Dep., Ex. J, pp. 7, 15, 20).

4. Plaintiffs Retained Public Figure Status at the Time of the Alleged Defamation

Morgan's website was created in 2003. He uploaded Friedman's letters to the FDA at some point during 2003-2004. Both the public controversy surrounding LASIK surgery as well as Plaintiffs' voluntary acts of injecting themselves into this controversy continued through the 2003-2005 period, when the alleged defamation by Friedman occurred. Thus, Plaintiffs retained limited public figure status at the time of the alleged defamation.

C. Courts Have Consistently Designated Others As Limited Purpose Public Figures Under Far Less Compelling Facts Than This Case

One of the leading cases in Pennsylvania concerning limited public figure status is the Third Circuit's decision in *Steaks Unlimited, Inc. v. Deaner*, 623 F.2d 264 (3d Cir. 1980).

There, a meat producer entered the Pittsburgh area market and immediately launched an intensive advertising campaign over local radio stations, through local newspapers, by large signs displayed at sales locations, and by handbills distributed to pedestrians. The total advertising cost exceeded \$16,000. Shortly thereafter, the Bureau of Consumer Affairs began to receive complaints from Pittsburgh residents about the poor quality of the beef being sold. The defendant, a consumer reporter, broadcast a report stating that the meat producer had engaged in deceptive practices with regard to the price and quality of the beef sold to consumers. In the subsequent defamation lawsuit, the Third Circuit viewed these facts sufficient to deem the meat producer a “limited purpose public figure,” stating:

Steaks also possess regular and continuing access to the channels of communication. There is no suggestion that the company had any difficulty purchasing as much advertising as it desired. Nor is there an allegation that any newspaper or radio station refused to sell Steaks advertising space or airtime after [Defendant’s] report was broadcast. Thus, if it had so desired, Steaks could have purchased additional advertising in order to respond to or seek to refute [Defendant’s] charges. Under these circumstances, Steaks does not have as compelling a claim for judicial relief as it might, had it not possessed alternative means of challenging the defendant’s allegations.

Id. at 274.

Compared to the *Steaks* plaintiff who spent \$16,000 on total advertising, Wallace, Nevyas and NEA spend \$120,000 annually on *just* radio advertising. Radio advertising is only one method by which Plaintiffs communicate to the public, along with its internet, television, print, seminars and marketing employees. Like the plaintiff in *Steaks*, Plaintiffs have the means to purchase as much advertising as desired and have, in fact, used these communication channels to refute Morgan’s website with regard to their qualifications and with regard to LASIK surgery. For example, they have countered Morgan’s website through the NEA website, the Quackwatch website and publications, and the extensive advertising and promotion depicted on other

websites. (See Ex. F, G, H). Pursuant to the Steaks holding, Plaintiffs easily meet the criteria and should be deemed limited purpose public figures.

Likewise, the other leading Pennsylvania case is the Supreme Court's recent decision in American Future Systems, Inc. v. Better Business Bureau of Eastern Pennsylvania, 923 A.2d 389 (Pa. 2007). There, a telemarketer's promotional efforts were vast and a subject matter nexus existed between the alleged defamation and the content of the telemarketer's sales pitch. By virtue of its promotional efforts, it had greater access to channels of effective communication than ordinary private citizens for purposes of counteracting statements perceived to be false. Thus, the Pennsylvania Supreme Court held that the telemarketer was a public figure for the limited purpose of commentary concerning its business relations. Id. 923 A.2d at 405. See also Rust Evader Corp. v. Jensen, 1993 WL 540383 *2 (W.D. Pa. 1993) (plaintiff corporation who enjoyed access to the media and who voluntarily entered into the public controversy surrounding its product was held to be a limited purpose public figure); McGee v. Times Leader, 1991 WL 135475 (M.D. Pa. 1991)(plaintiff was a public figure for limited purpose of the defamation claim arising from a news article regarding a baseball league franchise in Northeastern PA, where plaintiff voluntarily assumed an active public role in promoting professional baseball in area and had broad access to the media with respect to his efforts to reestablish professional baseball); Medure v. The New York Times Company, 60 F.Supp.2d 477, 485 (W.D. Pa. 1999) (casino manager held to be a limited purpose public figure in connection with two articles implying he was linked to organized crime; as he had "thrust himself to the forefront of a broad public controversy over gaming casinos" by his conduct).

Pennsylvania courts have held professional individuals to be limited purpose public figures with regard to specific public controversies arising from their professional practice. In McDowell v. Paiewonski, 769 F.2d 942 (3d Cir. 1985), an architect who participated in

numerous known controversial building projects was a limited purpose public figure as to his participation in those projects. In Marcone v. Penthouse International Magazine for Men, 754 F.2d 1072 (3d Cir. 1985), an attorney who represented members of a notorious motorcycle gang was a limited purpose public figure as to his alleged participation in a drug conspiracy with gang members. In Mendelson v. The Morning Call, 2007 WL 5023209 (C.C.P. Lehigh Co. 2007), a real estate developer was a limited purpose public figure, as the court ruled that he had assumed the risk of injury to his reputation by virtue of his buying and promoting high profile landmark buildings, and his ample access to the media to promote his development efforts. The rationale of the McDowell, Marcone and Mendelson decision is that when professional individuals voluntarily and publicly involve themselves with controversial persons or projects, it is foreseeable for them to become the subject of discussion. See also Wagstaff v. The Morning Call, 41 Pa. D&C.4th 431, 443 (Ct. Com. Pleas), aff'd, 758 A.2d 732 (Pa. Super. 2000) (owner of a garage who leased space which later became the base of robbery operations, was a limited purpose public figure, as the lease was sufficient connection to aspects of a public controversy).

Physicians, in particular, have been held to be limited purpose public figures with regard to aspects of their medical practice. For example, in Swate v. Schiffer, 975 S.W.2d 70 (Tex. App. 1998), the court held that a physician was drawn into a public controversy about the quality of his medical practice in light of the 24 articles he had written over a period of ten years describing the atrociousness of the doctor's medical practice. In Patrick v. Cleveland Seene Publishing, 582 F.Supp.2d 939 (N.D. Ohio 2008), a doctor was held to be a limited purpose public figure with regard to the "heimlich maneuver" where the doctor had voluntarily injected himself into the controversy surrounding his role in the development and safety of the medical procedure. Likewise, in Schwartz, MD v. American College of Emergency Physicians, 215 F.3d 1140 (10th Cir. 2000), the Tenth Circuit held that a physician was a public figure for the limited purpose of


a defamatory medical journal article regarding emergency medical care, where the physician was a spokesperson for ideas expressed in his editorial, he was held in high repute and was a nationally recognized author in the field of emergency medicine.

IV. CONCLUSION

Defendant Friedman respectfully submits that the Plaintiffs voluntarily injected themselves into the very real public controversy surrounding LASIK surgery at the time of the alleged defamation. Because Plaintiffs had such pervasive access to all forms of communication channels – radio, television, print, internet, marketing employees, educational seminars – Plaintiffs had more than ample means to counter any alleged false statement published on Morgan’s website. Not only did Plaintiffs have this access, but they actually used it to counter Morgan’s website. Plaintiffs have promoted LASIK surgery to the public and their own “expertise” and qualifications to perform the procedure, through multiple outlets, and particularly on the internet. Plaintiffs should therefore be viewed as “limited purpose public figures” with respect to the defamation claims asserted, and therefore be required to prove at trial that Friedman’s allegedly defamatory statement was made with actual malice.

Respectfully submitted,

Eckert Seamans Cherin & Mellott, LLC



Maureen R. Fitzgerald, Esquire
Attorney for Defendant
Steven A. Friedman, M.D., JJM, LL.M.

Two Liberty Place
50 South 16th Street, 22nd Floor
Philadelphia, PA 19102

Dated: June 17, 2009

CERTIFICATE OF SERVICE

I, Maureen P. Fitzgerald, Esquire, do hereby certify that on this 17th day of June, 2009, I caused a true and correct copy of Defendant Steven A. Friedman, M.D., J.D., L.L.M.'S Motion to Determine Plaintiff's Public Figure Status and Brief in Support to be served upon the following:

Leon W. Silverman, Esquire
Stein & Silverman, P.C.
230 South Broad Street, 17th Floor
Philadelphia, PA 19102

Dominic Morgan
1038 E. 18th Street
Chester, PA 19013



Maureen P. Fitzgerald, Esquire

EXHIBIT "A"

IN THE COURT OF COMMON PLEAS
PHILADELPHIA COUNTY, PENNSYLVANIA

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HERBERT NEVYAS, M.D. : NOVEMBER TERM, 2003

v.

DOMINIC MORGAN &
STEVEN FRIEDMAN : NO. 000946

May 6, 2005

Oral deposition of HERBERT
NEVYAS, M.D., taken pursuant to notice,
was held at the offices of Nevyas Eye
Associates of Pennsylvania, 333 City Line
Avenue, Bala Cynwyd, Pennsylvania,
commencing at 9:00 a.m., on the above
date, before Melissa Fritz, a
Professional Court Reporter and
Commissioner in the Commonwealth of
Pennsylvania.

ESQUIRE DEPOSITION SERVICES
1880 John F. Kennedy Boulevard
15th Floor
Philadelphia, Pennsylvania 19103
(215) 988-9191

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Dominic Morgan
ALSO PRESENT: Gale Friedman

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1 ---
2 DEPOSITION SUPPORT INDEX
3 ---
4
5 Direction to Witness Not to Answer
6 Page Line Page Line Page Line
7 None
8
9
10 Request for Production of Documents
11 Page Line Page Line Page Line
12 None
13
14
15 Stipulations
16 Page Line Page Line Page Line
17 12 1-7
18
19
20 Question Marked
21 Page Line Page Line Page Line
22 None
23
24

3
1 ---
2 INDEX
3 ---
4
5 WITNESS NAME PAGE
6 HERBERT NEVYAS, M.D.
7 By: Mr. Albert 12
8
9
10 ---
11 EXHIBITS
12 ---
13
14 NO. DESCRIPTION PAGE
15
16 None
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5
1 MR. SILVERMAN: Let the
2 record indicate that present are
3 Leon Silverman, counsel for the
4 plaintiffs, Jeffrey Albert,
5 counsel for defendant Steve
6 Friedman, and Steven Friedman,
7 counsel for defendant Dominic
8 Morgan.
9 All counsel present had
10 agreed to the entry of a
11 confidentiality stipulation and
12 order. It had been represented to
13 me, Leon Silverman, counsel for
14 the plaintiffs, that Mr. Morgan
15 would be signing the stipulation
16 as well as counsel. Mr. Morgan
17 has to this point not agreed to
18 sign the stipulation.
19 In an effort to go forward
20 with the deposition of Dr. Herbert
21 Nevyas today, the parties have
22 agreed or counsel here have agreed
23 -- and counsel by agreeing are
24 intending to bind Mr. Morgan --

<p>1 Delaware Valley Refractive Surgery 2 Partnership, which is not really more 3 than an entity of people who get together 4 period. There's no financial or 5 contractual relationship at all involved 6 in Delaware Valley Refractive Surgery 7 Partnership. 8 Q. What is the relationship 9 between Northeastern Eye Care Network and 10 Nevyas Eye Associates of Pennsylvania? 11 A. We're shareholders, and so 12 are a lot of other people. 13 Q. When you say so are a lot of 14 other people, that would be medical 15 doctors? 16 A. Medical doctors and 17 optometrists, yes. 18 Q. Does Nevyas Eye Associates 19 of Pennsylvania realize any income from 20 Northeastern Eye Care Network? 21 A. Only in that if we see 22 patients with whom Northeastern Eye Care 23 Network has contracts, we get checks but 24 that's little or nothing from Nevyas Eye</p>	<p>18 1 educates them better to provide 2 co-management services. 3 Q. The continuing education is 4 provided by Nevyas Eye Associates of 5 Pennsylvania? 6 A. That's right. 7 Q. Now, is there any way of -- 8 A. And other members of the 9 Delaware Valley Refractive Surgery 10 Partnership. 11 Q. All right. Is there any way 12 of measuring in dollars the amount of 13 money that is paid pursuant to these 14 co-management relationships? 15 A. Sure. 16 Q. Does Nevyas Eye Associates 17 of Pennsylvania keep track of the amount 18 of money that's paid pursuant to these 19 co-management relationships? 20 A. Well, if a check is issued 21 by us, we would certainly keep track of 22 it. With Medicare, the government pays 23 separately and I guess we could figure it 24 out. It would be a little more</p>
<p>19 1 Associates -- actually, I'm not sure how 2 much it amounts to. I don't think it 3 amounts to much, but all of the members 4 of Northeastern Eye Care Network who see 5 patients contracted through it get paid 6 by it. 7 Q. With respect to the 8 relationship between Nevyas Eye 9 Associates of Pennsylvania and the 10 optometrists and others that are part of 11 Delaware Valley Refractive Surgery 12 Partnership, is there a co-management 13 agreement that's in effect between Nevyas 14 Eye Associates of Pennsylvania and any of 15 the other members or participants in the 16 Delaware Valley Refractive Surgery 17 relationship? 18 A. Well, co-management 19 agreements, if there are, are on a 20 patient-to-patient basis, a case-by-case 21 basis. It has nothing directly to do 22 with Delaware Valley Refractive Surgery 23 Partnership except that many of the 24 members attend continuing education which</p>	<p>21 1 difficult. In fact, we could only 2 estimate because the co-managing doctor 3 for Medicare patients bills himself. 4 Q. Excluding Medicare for 5 purposes of this next question, is there 6 any way that you can determine, based 7 upon any financial information that's 8 available to Nevyas Eye Associates of 9 Pennsylvania, whether the amount that's 10 been paid out on co-management 11 relationships has increased or decreased 12 over the last three or four years? 13 MR. SILVERMAN: I'm going 14 to object to the form of the 15 question because I don't know what 16 paid out means. If you do, you 17 may answer. I'm confused. 18 THE WITNESS: I'm assuming 19 what you mean by paid out checks 20 that we've written to doctors for 21 the work that they've done in 22 following patients 23 post-operatively? 24 MR. ALBERT: Yes.</p>

1 MR. SILVERMAN: That assumes
 2 that a physician does.
 3 BY MR. ALBERT:
 4 Q. Does any physician have such
 5 responsibilities?
 6 A. I do and Dr. Anita Wallace
 7 has responsibilities.
 8 Q. What are your
 9 responsibilities in that regard?
 10 A. I'm the overall medical
 11 director of the practice, and I guess as
 12 the old saying goes, the buck ends with
 13 me.
 14 Q. With respect to Anita Nevyas
 15 Wallace, what are her administrative
 16 responsibilities?
 17 A. I delegate tasks to her.
 18 Q. Would those tasks vary from
 19 time to time or are they particular tasks
 20 that are always assigned to her?
 21 A. They would vary as the need
 22 occurs.
 23 Q. Does Dr. Sterling have any
 24 administrative responsibilities with

1 Associates of Pennsylvania, it has a
 2 website, correct?
 3 A. Yes.
 4 Q. Who within the Nevyas Eye
 5 Associates of Pennsylvania has
 6 responsibility with respect to that
 7 website?
 8 A. Primarily Christin Schaffer.
 9 Q. With respect to the website,
 10 Nevyas Eye Associates of Pennsylvania ha
 11 had a website for at least five years?
 12 A. I'm not sure when it
 13 started.
 14 Q. Would it be true though that
 15 it started sometime within the last four
 16 years at least?
 17 A. I think so, but I just don't
 18 have the exact date.
 19 Q. Do you have any knowledge as
 20 to the number of hits, that is contacts
 21 that have been made or people who have
 22 contacted that page or seen that page, at
 23 any time?
 24 A. No.

1 respect to Nevyas Eye Associates of
 2 Pennsylvania?
 3 A. He has from time to time as
 4 the need has occurred. He has projects
 5 and things he works on.
 6 Q. Were any of the projects
 7 that have been assigned to Dr. Sterling
 8 or to Dr. Anita Nevyas Wallace pertained
 9 to the website or responding to the
 10 website created by Mr. Morgan, which is
 11 the subject matter of this lawsuit?
 12 MR. SILVERMAN: Could you
 13 read that question back?
 14 (Whereupon, the court
 15 reporter read the pertinent part
 16 of the record.)
 17 THE WITNESS: When you say
 18 pertain to the website, you're
 19 referring to Mr. Morgan's website?
 20 MR. ALBERT: That's
 21 correct.
 22 THE WITNESS: No.
 23 BY MR. ALBERT:
 24 Q. With respect to Nevyas Eye

1 Q. Do you know of anybody
 2 within your organization who would have
 3 that information?
 4 A. I don't know.
 5 Q. Have you ever gotten a
 6 report as to the number of hits on Mr.
 7 Morgan's website?
 8 A. No.
 9 Q. With respect to the website
 10 maintained by Nevyas Eye Associates of
 11 Pennsylvania, is there an outside company
 12 or firm that is involved in either
 13 posting the website or maintaining the
 14 website?
 15 A. Yes.
 16 Q. Who is that?
 17 A. It is presently -- I think
 18 the name is Einstein.
 19 Q. It was previously an outfit
 20 by the name of MOJO?
 21 A. That's correct.
 22 Q. What led Nevyas Eye
 23 Associates of Pennsylvania to shift from
 24 MOJO to Einstein?

1 A. It looked like Einstein
2 could do a better job of managing the
3 website and it had multiple reports
4 available, which we didn't seem to have
5 from MOJO, although I must say we have
6 not taken much advantage of what they
7 have.

8 Q. But Einstein provides
9 certain reports to Nevyas Eye Associates
10 of Pennsylvania?

11 A. I'm not sure whether we've
12 received any reports at this point.

13 Q. Have you personally asked
14 Einstein, the people involved in the
15 website, to make any changes to your
16 website at any time in the last two
17 years?

18 A. There have been changes
19 made, but I don't know whether it was
20 through Einstein or MOJO. I don't
21 remember when we made that switch.

22 Q. Understanding you don't
23 remember when you made the switch, have
24 you asked that any changes be made

1 whether it be by Einstein or MOJO?

2 MR. SILVERMAN: In the last
3 two years?

4 MR. ALBERT: In the last two
5 years.

6 THE WITNESS: I think so.

7 BY MR. ALBERT:

8 Q. Do you recollect any of
9 those particular changes that you've
10 asked to be made?

11 A. I have not been active
12 myself in it, but I have asked that
13 changes be made to reflect new
14 technologies that we're involved in and
15 new directions that we're involved in
16 with previous technologies.

17 Q. With respect to the new
18 technologies, what are the new
19 technologies that you're referring to?

20 A. Among them, the use of a
21 flying spot laser, the use of wavefront
22 ablations, the use of optical coherence
23 tomography, the use of conductive
24 keratoplasty, and that's a few that I can

1 think of in the last few years that we
2 have had in advances in technology that
3 we wanted to make known.

4 Q. You also said that there
5 were changes in existing technology?

6 A. Yes.

7 Q. What are those changes that
8 have happened in the last two years?

9 A. I was thinking of use of
10 INTACS, which are plastic ring segments
11 implanted into the cornea that were
12 originally devised for the treatment of
13 myopia, and we're really not using them
14 much for that but we are using them for a
15 new use that's been discovered and that
16 is treating keratoconus.

17 Q. With respect to these new
18 technologies or the changing in existing
19 technology, I assume that there are other
20 -- and correct me if I'm wrong --
21 ophthalmologists in the Philadelphia
22 market who use these new technologies and
23 these changes in technology?

24 A. Yes.

1 Q. So that in terms of the
2 services that are provided here at Nevyas
3 Eye Associates of Pennsylvania, is there
4 anything unique other than the quality of
5 the doctors and the dedication of the
6 people and the facility, is there
7 anything that is unique in terms of the
8 technology or applications of technology
9 provided by Nevyas Eye Associates of
10 Pennsylvania?

11 A. We are using some
12 technologies that are not widely
13 available such as the use of the
14 accommodating crystal lens, and there are
15 a couple of other people doing it to some
16 extent, but we are far ahead of them in
17 experience and I think quality of
18 procedures.

19 Q. Is there any other procedure
20 or technique that you can think of as you
21 sit here now which at least within this
22 region or area is pretty much available
23 only through Nevyas Eye Associates of
24 Pennsylvania?

1 the marketing of Nevyas Eye Associates of
2 Pennsylvania?

3 A. I don't think we've
4 specifically discussed marketing that I
5 can think of but --

6 MR. SILVERMAN: That's your
7 answer.

8 BY MR. ALBERT:

9 Q. With respect to your
10 practice, I was handed yesterday -- and
11 we can again have these market later on
12 -- a brochure from Delaware Valley
13 Refractive Surgery Partnership and
14 another brochure from Refractive and
15 Cosmetic Surgery Services of the Delaware
16 Valley Refractive Surgery Partnership,
17 and it continues on in association with
18 Nevyas Eye Associates and the Delaware
19 Valley Laser Surgery Institute.

20 Are you aware of any other
21 brochures that are in use by your
22 practice or distributed to patients in
23 connection with your practice?

24 A. If one in your left hand is

1 Nevyas Eye Associates of Pennsylvania -
2 distribute the brochures at any other
3 locations besides your offices?

4 A. We make them available to
5 members of the Delaware Valley Refractive
6 Surgery Partnership if they wish them,
7 and we mail them to patients who call for
8 information.

9 Q. In terms of printing of the
10 numbers of this brochure -- and I'm
11 referring now to the one that has the
12 tennis player on the front --

13 A. That's a brand new brochure.

14 Q. Do you know how many of
15 those were printed at the time that they
16 were ordered?

17 A. No, but I can certainly find
18 that out. Christin would know it. She
19 ordered them.

20 Q. With respect to the prior
21 version of this brochure -- you say this
22 is a new one. Was the old one the one I
23 have in my left hand?

24 A. Yes.

1 old and is not being used at the present
2 time.

3 Q. This is the one that just
4 says on it Delaware Valley Refractive
5 Surgery Partnership?

6 A. Yes. We have a similar
7 brochure that just says Nevyas Eye
8 Associates also.

9 Q. To the one that's in my
10 right hand?

11 A. Both of them.

12 Q. Other than these two
13 brochures, have there been any other
14 brochures that have been prepared for --
15 understanding the names maybe a little
16 bit different --

17 A. There are many brochures
18 that we subscribe to that are
19 commercially printed. I can bring you
20 copies of all of them, if you wish.

21 Q. With respect to brochures,
22 other than having them available and
23 patients or prospective patients coming
24 into your offices, do you -- that is

1 Q. So there was no other
2 brochure in between the two?

3 A. I'm not sure. I don't think
4 so, but there may have been some changes
5 made in some of the things we said to
6 bring them up to date with current
7 practice, but I'm not sure.

8 Q. Would Christin be the person
9 who handled that in terms of the ordering
10 of the brochures?

11 A. I think so. I'm not 100
12 percent sure.

13 Q. Do you have any idea in
14 terms of how many brochures have been
15 ordered in terms of the prior brochure?

16 A. In the quantities of maybe
17 several thousand. I would think less
18 than 5,000 and probably more than 1,000.
19 I'm not sure.

20 Q. Is the preparation of the
21 brochure handled by an outside agency?

22 A. Originally, it was handled
23 by an outside consultant some years ago,
24 a good many years ago, whose name I

42

1 forget. Then we've just ourselves
2 updated it.
3 **Q. So the most recent update,**
4 **this one that has tennis player on it,**
5 **that was done in-house?**
6 A. Yes.
7 **Q. Other than publicizing your**
8 **professional services through these**
9 **brochures, I gather that there are other**
10 **activities that are undertaken to make**
11 **the public aware of your practice's**
12 **existence. Can you identify them?**
13 **You've mentioned the website. Is there**
14 **anything else besides the website and the**
15 **brochures?**
16 A. We have had on some
17 occasions and not very often some
18 advertisements in print in the past. I
19 would have to figure out where because we
20 haven't done anything like that for a
21 number of years. We've had some
22 advertisements on radio.
23 **Q. By radio, you're referring**
24 **to commercial radio in the Philadelphia**

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1 **market?**
2 A. That's right.
3 **Q. When did you last advertise**
4 **on radio?**
5 A. We have some ads that are
6 ongoing and that is managed by Christin.
7 **Q. Is there a budget that is**
8 **allocated to let's say, radio**
9 **advertising?**
10 A. Yes.
11 **Q. Christin when she is**
12 **managing that activity, does she deal**
13 **with an outside broker or agent to place**
14 **the adds?**
15 A. I don't believe so.
16 **Q. So far as you know, she**
17 **deals directly with the radio stations**
18 **that are involved?**
19 A. That's right.
20 **Q. In terms of preparation of**
21 **the commercial material that is aired as**
22 **part of the advertisement, do you know**
23 **who does that? Is that done in-house?**
24 A. I've left that up to

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1 Christin. The ads have mostly been just
2 spoken ads, if you want to call them ads,
3 by people who we mostly know and have
4 taken care of personally who happen to be
5 involved.
6 **Q. So these would be patients**
7 **who are satisfied and happy patients who**
8 **would say something about your services?**
9 A. These are patients who
10 professionally are on the radio. The
11 various radio stations contacted us.
12 **Q. With respect to the amount**
13 **that's spent on radio advertising, to**
14 **your knowledge, has that changed in the**
15 **last two, three, four years? Gone up or**
16 **down?**
17 A. Yes. We didn't do much
18 until more recently. We've recently
19 raised it.
20 **Q. Why have you recently raised**
21 **the amount you've been doing on radio?**
22 A. Because we've had fewer
23 referrals in.
24 **Q. When you say there are fewer**

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1 **referrals in, does Nevyas Eye Associates**
2 **of Pennsylvania keep track of the amount**
3 **of referrals?**
4 A. Yes. I can't tell you
5 exactly how, but I'm sure we keep track
6 in some way.
7 **Q. Do you see from time to time**
8 **some report that tells you the number of**
9 **referrals?**
10 A. Christin keeps records.
11 Christin and Kari keep records on
12 referrals for refractive surgery.
13 **Q. What's Kari's last name?**
14 A. Cowper, C-O-W-P-E-R.
15 **Q. So they keep some kind of a**
16 **record on refractive surgery; is that**
17 **right?**
18 A. Yes.
19 **Q. When have you last seen any**
20 **report or documentation as to the number**
21 **of referrals for refractive surgery?**
22 A. Recently.
23 **Q. Within the last month or so?**
24 A. Yes, yes.

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1 records as to the number of patients, is
 2 there some correlation between the
 3 profitability of the use of the laser at
 4 this practice and the number of patients
 5 who are operated upon?
 6 A. Yes.
 7 Q. Has there been any study
 8 made within this practice to determine
 9 what effect there is upon the
 10 profitability of the laser as it relates
 11 to the number of patients who are
 12 operated on?
 13 A. I don't know about a
 14 specific study, but it's pretty obvious
 15 that once you cover your expenses, the
 16 rest is profit.
 17 Q. Now, do you know what
 18 expenses are attributed to the use of the
 19 Alcon laser?
 20 A. I have an idea, yes.
 21 Q. Can you tell me, at least
 22 in general categories, what those
 23 expenses are that are attributable to the
 24 Alcon laser?

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1 A. Yearly cost of upkeep of
 2 the laser. I do not know whether he has
 3 included a portion of the initial
 4 purchase of the laser advertised or not,
 5 and I do not know whether he's included
 6 the interest loss on the money that we
 7 spent or not, but we do have the space
 8 that it takes up, the entire week of the
 9 office devoted to LASIK, the cost of the
 10 employees whose time is spent primarily
 11 with that, Kristen and Carrie, the cost
 12 of other equipment that we've purchased
 13 such as wavefront equipment, the cost of
 14 testing, the cost of web site and we have
 15 we have a web site provider.
 16 We've had expenses to
 17 building the web site and also engaged
 18 another company to try to increase our
 19 visibility on search engines, which has
 20 been a tremendous problem because of the
 21 matters that we're meeting here, for the
 22 people who have engineered the LASIK site
 23 have engineered it in such a way that
 24 whenever my name comes up, it comes up

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1 Nevyas Criminal, that's a problem.
 2 Rather sophisticated people
 3 who have LASIK surgery and younger group
 4 of people utilized the web, so we've had
 5 to spend money on that.
 6 There may be other
 7 expenses, but I can't think of them.
 8 Q. I understand, Doctor, and
 9 it's kind of unfair to me -- I certainly
 10 understand there may be other things and
 11 you are going to get a chance to read and
 12 review this deposition, and obviously, in
 13 the course of this deposition, if
 14 something comes to mind, that's fine, but
 15 I understand that may not be complete.
 16 You mentioned that you paid
 17 for the practice -- the practice has paid
 18 for some firm or person to increase the
 19 visibility of the web site.
 20 Q. Who is that?
 21 A. MedNet.
 22 Q. Do you know who in this
 23 practice has dealt with MedNet?
 24 A. I have.

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1 Q. With whom at MedNet have
 2 you dealt?
 3 A. I think the primarily
 4 person is Chris Pelman, P-E-L-M-A-N.
 5 There's another one, person, I forgot his
 6 name.
 7 Q. Is Chris a male or female?
 8 A. Male. He was my first
 9 contact person.
 10 Q. Okay. How much has been
 11 spent or been paid to MedNet?
 12 A. I don't have the number.
 13 Q. But, with respect to
 14 MedNet, is MedNet still performing
 15 services?
 16 A. Yes.
 17 Q. Has she given a report as
 18 to its success undertaken for your
 19 practice?
 20 A. No.
 21 Q. Has MedNet provided any
 22 reports as to the success of its efforts?
 23 A. They have provided a report
 24 of what their efforts are and what the

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1 with that.

2 **Q. Where does Mr. McGowan**

3 **work? Does he work here?**

4 A. Yes.

5 **Q. And the accountant, he**

6 **produces a tax return?**

7 A. Yes.

8 **Q. And he produces the tax**

9 **return for the practice as well as your**

10 **personal tax returns?**

11 MR. SILVERMAN: Is there a

12 corporate tax return?

13 THE WITNESS: I guess so.

14 BY MR. ALBERT:

15 **Q. Do you know whether the**

16 **corporation is a C corporation or an S**

17 **corporation?**

18 A. S.

19 **Q. Now, who are the**

20 **shareholders at present in the practice?**

21 A. I am and my daughter, Dr.

22 Anita Wallace.

23 **Q. Has your wife ever been a**

24 **shareholder?**

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1 A. No, although -- I don't

2 know officially, she may -- I'm not sure

3 how our ownership is, it may be a joint

4 ownership.

5 **Q. Okay.**

6 A. I am not sure.

7 **Q. All right. How is Anita**

8 **Nevyas-Wallace, your daughter, how is she**

9 **paid, by salary or a year-end**

10 **distribution?**

11 A. By salary.

12 **Q. Has her salary changed over**

13 **the last three years, 2002, 2003, 2004?**

14 A. Yes. Her salary is 300,000

15 a year. And in '03, she received

16 actually \$50,000 bonus.

17 I must change something

18 I've said to you. I said that we took

19 \$500,000 together, we did not. We took

20 450 because 50 of it was given to her as

21 a bonus.

22 **Q. To your daughter?**

23 A. Yes. Her salary this past

24 year was 300, there was no bonus

130

1 available.

2 **Q. Okay. Now, why was your**

3 **daughter paid a bonus in '03?**

4 A. I felt she deserved it and

5 we could afford to give it to her.

6 **Q. I understand being able to**

7 **afford to give it to her.**

8 **What did she do to deserve**

9 **the bonus? Obviously, she's your**

10 **daughter --**

11 A. She's been very, very much

12 at the forefront of the refractive

13 surgery and Crystalens, learning all

14 about it, joining a users' group and

15 being very active in it, preparing papers

16 on the subject and really bringing us

17 into the Crystalens arena and making us,

18 I think, number one it.

19 She also has spent a great

20 deal of time in refractive surgery doing

21 extra work, bringing us latest

22 techniques. She brought us really the

23 decision for which laser to buy. She's

24 exceptional, completely aside from any

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1 prejudice that I might have.

2 **Q. Fair enough. Not disputed.**

3 **You say that you are --**

4 **your practice is number one in the**

5 **Crystalens. What's the basis for your**

6 **saying that you're number one?**

7 A. We were the first to be

8 certified in the area.

9 MR. SILVERMAN: Certified

10 by whom?

11 THE WITNESS: By the ionics

12 company that makes the Crystalens.

13 They put someone with you to

14 monitor your first 20 operations

15 as you operate.

16 Again, I don't have the

17 data from others. It is my

18 impression that we've done more,

19 and my impression is probably

20 pretty good since Crystalens

21 representative gives it.

22 BY MR. ALBERT:

23 **Q. That's your source of**

24 **information?**

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1 A. Yes.

2 **Q. With respect to the Alcon**

3 **laser, is there a representative of that**

4 **company with whom this practice deals?**

5 A. Yes.

6 **Q. Who is that?**

7 A. I forgot his name. There

8 have been a number of representatives

9 over a period of time. Kristen would

10 know it. I'm sure we could get

11 information.

12 **Q. Now, with respect to Alcon,**

13 **does Alcon, in any way, provide**

14 **information to you indicating how your**

15 **practice stands, either economically or**

16 **in terms of the laser use, compared with**

17 **average practices or other practices?**

18 A. I don't recall ever seeing

19 any such information.

20 **Q. Now, with respect to your**

21 **conduct as a professional, you're a**

22 **member, I know, of various ophthalmology**

23 **or professional associations, have you**

24 **become a member of any new organization**

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1 **or newly -- have you newly been admitted**

2 **as a member of any professional or**

3 **honorary organization in the last four**

4 **years?**

5 A. Newly, I can't think of

6 any.

7 **Q. Okay. Professionally,**

8 **other than spending an incredible number**

9 **of hours in this practice, do you engage**

10 **in any professional activities outside of**

11 **what you do within the four walls of**

12 **whatever building you're working at? Are**

13 **you active in these societies, let's say,**

14 **you know, any of these ophthalmologic**

15 **associations?**

16 A. I prepare and present

17 papers.

18 **Q. Okay. Are you an officer**

19 **of any --**

20 A. No, no.

21 **Q. -- of the groups?**

22 **Have you ever been?**

23 A. No.

24 **Q. Now, with respect to the**

134

1 **preparation and presentation of papres,**

2 **when did you last do that?**

3 A. A few weeks ago.

4 **Q. What organization?**

5 A. American Society for

6 Cataract and Refractive Surgery meeting

7 recently in Washington.

8 **Q. And what-- without going**

9 **into all the medical details, what was**

10 **the general subject matter of your paper?**

11 A. It was on the -- it was a

12 theoretical paper explaining pseudophakic

13 accommodation; that is, how patients who

14 have had the lens removed can still

15 accommodate --

16 **Q. Prior to that presentation,**

17 **when was the last time you had presented**

18 **a paper before any professional group?**

19 A. Any professional group,

20 shortly before that I had presented a

21 paper at our spring symposium.

22 **Q. When you say "our**

23 **spring" --**

24 A. The one that Nevyas Eye

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1 Associates and Delaware Valley -- well,

2 the one that we sponsor basically.

3 **Q. When your daughter**

4 **testified, she said, and I may be wrong,**

5 **Mr. Silverman can correct me, I'm sure he**

6 **will in an instant, she thought there was**

7 **some other sponsoring organization beside**

8 **your practice?**

9 A. The Delaware Valley

10 Refractory Partnership is the other

11 sponsoring organization, but it's a loose

12 organization. We take the responsibility

13 for organizing it and we charge a fee to

14 attend it and we keep track of -- we make

15 the arrangements for hotels and food and

16 spending of the money.

17 **Q. Are there professional**

18 **continuing education credits that are**

19 **obtained by those who would attend the**

20 **meeting?**

21 A. Yes.

22 **Q. Now, with respect to your**

23 **standing in the profession, since this**

24 **web site, the Morgan web site has been**

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1 going to be any income net for it, so we
 2 just disbanded the corporation.
 3 **Q. When you say "there wasn't**
 4 **going to be any income net," you're**
 5 **referring to Tower Technologies?**
 6 A. Yes.
 7 **Q. Now, in that excimer laser,**
 8 **that was the one that was used for the**
 9 **IDE?**
 10 A. Yes.
 11 **Q. Was there technology that**
 12 **was developed either at -- in your**
 13 **practice or through Tower Technologies**
 14 **that was newly developed in connection**
 15 **with that excimer laser?**
 16 A. Yes.
 17 **Q. And was there any effort by**
 18 **your practice or Tower Technologies to**
 19 **market or to license that technology for**
 20 **use by others?**
 21 A. Not so far.
 22 **Q. Has any of that technology**
 23 **been the subject of any filing with the**
 24 **patent office?**

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1 A. Yes. There's a patent.
 2 **Q. Without going into details,**
 3 **what's that patent cover?**
 4 A. A technique for better
 5 centration of the excimer laser ablation
 6 by utilizing a visible light laser as the
 7 aiming beam.
 8 **Q. And has that technology**
 9 **been offered in the market for use by**
 10 **others?**
 11 MR. SILVERMAN: By Dr.
 12 Nevyas?
 13 BY MR. ALBERT:
 14 **Q. By Dr. Nevyas or anybody**
 15 **else, to your knowledge?**
 16 A. Not so far. I have
 17 received several unsolicited letters for
 18 people who might have been good in using
 19 the technology, but I don't know how
 20 serious they are and I haven't pursued
 21 it.
 22 **Q. At this point, there's no**
 23 **licensee?**
 24 A. No, there's not.

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1 **Q. The patent rights, have**
 2 **they been assigned to anybody other than**
 3 **someone with an interest in this**
 4 **practice?**
 5 A. No.
 6 **Q. At some point the practice**
 7 **hired a firm to serve as an IRB?**
 8 A. Yes.
 9 **Q. How did that come about?**
 10 A. When we first built our
 11 laser, we had our own institutional
 12 review board for the surgical center,
 13 IRB, but when I applied for the FDA, IDE,
 14 I hired a firm to deal with the FDA.
 15 I'm a doctor. I know about
 16 operating, but I don't know a thing about
 17 dealing with DOT, their young lady
 18 Barbara Fant, recommended it to me and
 19 she recommended the IRB, an organization
 20 which does a professional job of being an
 21 IRB for IDEs primarily.
 22 **Q. You say at one point, the**
 23 **practice had its own institutional review**
 24 **board?**

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1 A. Yes.
 2 **Q. What was the basis for**
 3 **establishing or believing that the**
 4 **practice needed its own institutional**
 5 **review board?**
 6 A. I think any individual
 7 surgical center or hospital should have
 8 one for anything new that they're doing,
 9 to pass on what is being done, make sure
 10 that it is proper and not harmful to
 11 patients. So, we had that from the
 12 beginning when we established the
 13 surgical center.
 14 **Q. I know at one point, as I**
 15 **recollect it, you or the practice were**
 16 **involved in trying to get permission to**
 17 **operate an ambulatory surgical center?**
 18 A. We have that.
 19 **Q. Was that opposed at some**
 20 **point about ten years ago?**
 21 A. At one point when we needed
 22 a certificate of need, yes. Abington
 23 Hospital amazingly opposed it.
 24 **Q. Okay.**

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1 **1995, was your practice engaged in any**
 2 **advertising on radio or television for**
 3 **anything?**
 4 MR. SILVERMAN: You're
 5 talking about '94, '95?
 6 MR. ALBERT: Yes.
 7 THE WITNESS: I don't think
 8 so, but I'm not sure. I don't
 9 believe so.
 10 BY MR. ALBERT:
 11 **Q. When did your practice, to**
 12 **your recollection, first engage in any TV**
 13 **or radio advertisement for any**
 14 **professional services?**
 15 A. I am not sure of this. We
 16 may well have had some advertising before
 17 then, I am not sure. I do not remember.
 18 **Q. Do you remember when your**
 19 **practice first began to engage in any**
 20 **television or radio advertising for any**
 21 **laser surgery?**
 22 A. No --
 23 MR. SILVERMAN: He's asking
 24 for a date.

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1 THE WITNESS: No.
 2 BY MR. ALBERT:
 3 **Q. Do you remember in which**
 4 **medium, radio or television, if it ever**
 5 **did, did your practice first advertise**
 6 **laser surgery?**
 7 A. I would think radio. I
 8 don't know that we advertised
 9 specifically for laser surgery, but we
 10 may have advertised for refractive
 11 surgery.
 12 **Q. Okay.**
 13 A. We never advertised on
 14 television except for one MDTV video
 15 which was shown on some public channels.
 16 **Q. Some cable channels?**
 17 A. Cable, public, yes.
 18 **Q. Let's talk about the MDTV**
 19 **because we did talk about it the other**
 20 **day.**
 21 **Do you know when that was**
 22 **done?**
 23 A. I don't remember the exact
 24 date, but I'm sure we can look it up.

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1 **Q. Well, we were given, I**
 2 **guess the best way, this cassette**
 3 **yesterday. It says "Refractive Surgery**
 4 **with Nevyas Eye Associates." And then it**
 5 **has Dr. Anita Nevyas-Wallace,**
 6 **1-800-9-Laser6.**
 7 **Do you recollect when this**
 8 **practice first used that 800 number?**
 9 A. No, but it was afer we
 10 began doing laser surgery, probably right
 11 around the time we started our excimer
 12 laser surgery.
 13 **Q. With respect to this tape,**
 14 **and again, I could try to put it on, but**
 15 **do you know when this tape was first**
 16 **prepared?**
 17 A. I don't, but I can look up
 18 from our records.
 19 **Q. Who would have done this**
 20 **preparation?**
 21 A. There was a man named Paul
 22 Argen, A-R-G-E-N, who had a business
 23 where he -- MDTV, and he had physicians
 24 in various specialties provide the need

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1 for his TV programs and then he got
 2 advertisers also, and he showed them in
 3 various places.
 4 **Q. Did your firm, your**
 5 **practice, pay any money to participate in**
 6 **MDTV?**
 7 A. We paid the cost of
 8 producing the videotape.
 9 **Q. After the videotape was**
 10 **produced, were there any other payments**
 11 **that your practice made to MDTV?**
 12 A. It was shown a few times on
 13 public cable TV and we were billed a fee
 14 for that.
 15 **Q. Do you know whether it was**
 16 **shown on any airplanes or any other means**
 17 **of distribution other than television?**
 18 A. I doubt that very much
 19 because we never -- I can't imagine that
 20 Mr. Argen would have showed it anywhere
 21 without billing us.
 22 **Q. Okay. We saw some**
 23 **reference to Delta Airlines, does that in**
 24 **any way refresh your recollection?**

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1 A. I believe they were an
 2 advertiser for his TV productions. He
 3 produced various things for TV. I have
 4 no knowledge of it ever being shown
 5 elsewhere.
 6 **Q. Okay. With respect to the**
 7 **the radio advertisements, were there**
 8 **particular stations in which Nevyas Eye**
 9 **Associates had its radio advertisement**
 10 **placed?**
 11 A. Just KYW, as I recall
 12 initially, and then later -- now we have
 13 some ads on several different stations.
 14 **Q. Now, with respect to the**
 15 **KYW ad or ads, do you know when they**
 16 **first began to appear?**
 17 A. I don't have the exact
 18 date, no.
 19 **Q. Who would have been**
 20 **responsible in terms of developing the**
 21 **contents of the KYW ads?**
 22 A. Probably Kristen, though
 23 there was probably input from me.
 24 **Q. With respect to the KYW**

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1 **ads, they refer to refractive surgery?**
 2 A. They should, that's what I
 3 believe they were for, yes.
 4 **Q. From the time they first**
 5 **appeared, did they continue to be run**
 6 **periodically on KYW to the present day?**
 7 A. No They were just for a
 8 short time, and this may have been before
 9 we even had laser. It may have been
 10 referring to radial to which we were
 11 performing before that.
 12 **Q. There was in the underlying**
 13 **case, I believe, a statement by a**
 14 **manager, station manager at KYW, with**
 15 **respect to radio advertisement that was**
 16 **referenced as occurring, I believe, in**
 17 **1998. Would that refresh your**
 18 **recollection?**
 19 A. It may well have been. We
 20 might have had ads before then is what
 21 I'm saying, I really don't recall.
 22 **Q. Would there be some records**
 23 **that you would have here as to when radio**
 24 **advertisement appeared and as to the**

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1 **contents of those ads?**
 2 MR. SILVERMAN: Before
 3 1998?
 4 MR. ALBERT: From '98 to
 5 the present?
 6 THE WITNESS: If we paid
 7 for the ads, it probably would be
 8 financial records.
 9 BY MR. ALBERT:
 10 **Q. In terms of the content of**
 11 **the ad or when they were broadcast, would**
 12 **you -- would there be any records?**
 13 A. I don't know.
 14 **Q. If there were any records**
 15 **here, would Kristen be the person who**
 16 **would have those records?**
 17 A. Probably.
 18 **Q. Now, you say at some point**
 19 **advertisement, radio advertisement**
 20 **appeared on stations other than KYW. Do**
 21 **you know how many other stations there**
 22 **are where Nevyas ads have appeared or**
 23 **been played?**
 24 A. Probably three. Kristen

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1 takes care of that, and she would have
 2 their names.
 3 **Q. Now, was there a particular**
 4 **event or occasion or technology that**
 5 **caused your practice, instead of just**
 6 **advertising on KYW, to start advertising**
 7 **on other stations?**
 8 A. The KYW I don't think was
 9 productive of anything, and it seemed our
 10 procedures were dropping off and not
 11 growing, we advertised on several
 12 different other stations.
 13 **Q. And when you say the**
 14 **procedures were dropping off and not**
 15 **growing, do you know when that was?**
 16 A. Around the time we started
 17 using our Alcon laser. This is my
 18 impression. Kristen can give you
 19 numbers.
 20 **Q. I appreciate that.**
 21 **With respect to what was**
 22 **then advertised on these other stations,**
 23 **was it refractive surgery?**
 24 A. Yes, and its various

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1 aspects. We had some new equipment which
 2 we wanted to let the world know that we
 3 had as well as new LASIK instrumentation,
 4 LTK and CK as well as new LASIK.
 5 **Q. As far as advertising on**
 6 **the new stations to let the world know**
 7 **you had the ability to do CTK and KK?**
 8 MR. SILVERMAN: Do you mean
 9 LTK?
 10 MR. ALBERT: I'm sorry.
 11 BY MR. ALBERT:
 12 **Q. When that advertising was**
 13 **started, was that advertising changed in**
 14 **its volume or the quality of the buys,**
 15 **it's called in the business, after it**
 16 **started?**
 17 A. I don't understand your
 18 question.
 19 **Q. Okay. I gather from your**
 20 **prior testimony that the Alcon was**
 21 **purchased sometime in late 2001?**
 22 A. Yes.
 23 **Q. So, presumably, if you're**
 24 **going to advertise things that are**

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1 **related to its existence, that would have**
 2 **started some time in late 2001 or in**
 3 **2002.**
 4 **I'm just trying to get an**
 5 **understanding, from that point to the**
 6 **present day, has there been any change in**
 7 **terms of the amount of radio advertising**
 8 **done by this practice?**
 9 A. It's changed, but I don't
 10 have the exact dates. And we built it up
 11 to a point, and then we realized it was
 12 quite expensive so we cut it down some.
 13 **Q. Okay. When did you realize**
 14 **it was quite expensive and cut it down**
 15 **some?**
 16 A. Within the last year or so,
 17 I think. Again, just because I tell
 18 Kristen to cut it down doesn't mean that
 19 she necessarily did it exactly as I
 20 requested.
 21 **Q. I appreciate that, but with**
 22 **respect to the expense, that was**
 23 **obviously a concern at some point. I**
 24 **gather that that was part of the**

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1 **determination that was made that the**
 2 **expense just wasn't justified by the**
 3 **amount of business that was being**
 4 **produced by the advertising; is that**
 5 **correct?**
 6 A. That's correct.
 7 **Q. And then in terms of the**
 8 **cutting it down some, do you recollect**
 9 **whether after it was cut down, you were**
 10 **able to determine whether your business**
 11 **went down or stayed the same?**
 12 A. Didn't seem to make much
 13 difference.
 14 **Q. Now, with respect to the**
 15 **activities of the practice, I just want**
 16 **to make sure I understand in terms of**
 17 **the -- one of the aspects of the training**
 18 **for the LASIK, I gather, was through the**
 19 **involvement of Dr. David Dulaney?**
 20 A. Yes.
 21 **Q. What was his involvement?**
 22 A. He's a very prominent
 23 ophthalmologist in the Phoenix, Arizona
 24 area and he's been a pioneer in a number

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1 of things, and one of the first people to
 2 get a Sullivan laser of the sort we were
 3 considering and, therefore, I went with
 4 several of my employees to Phoenix. And
 5 we spent probably the better part of a
 6 week with him.
 7 He was very kind with his
 8 time. And we watched his whole
 9 operation, and we spoke to all his
 10 technical people and we got everybody
 11 essentially trained by them in how one
 12 would have to operate a LASIK center and
 13 excimer laser instrument.
 14 **Q. You said he had a Sullivan**
 15 **laser. What was it that made what he had**
 16 **into a Sullivan laser?**
 17 A. I believe it was designed
 18 by and assembled by Sullivan, and it used
 19 the same Physik, Compex, laser
 20 engineering.
 21 **Q. Other than the training and**
 22 **the observations made in Dr. Dulaney's**
 23 **practice, has he had any involvement with**
 24 **Nevyas Eye Associates after that?**

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1 **Q. You said that you've been a**
 2 **professor, head of department of**
 3 **ophthalmology, when did you last serve in**
 4 **the capacity as professor?**
 5 A. 1994 - professor now, but
 6 I served as head of department of Medical
 7 College of Pennsylvania from 1984 to
 8 1994.
 9 **Q. Okay. And you say you're**
 10 **still a professor, where are you a**
 11 **professor?**
 12 A. You know, I've got to check
 13 my registration. I believe it was MCP,
 14 but once they demised, I think Hahnemann,
 15 but I'm not teaching now so I'm not sure
 16 what they have me listed as.
 17 **Q. When did you last teach?**
 18 A. I guess I stopped most of
 19 the medical teaching in '94 when I
 20 stepped down as chairman. I'm teaching
 21 now at meetings, but that's something
 22 else.
 23 **Q. Okay.**
 24 ---

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1 (Whereupon, a brief break
 2 was taken.)
 3 ---
 4 **BY MR. ALBERT:**
 5 **Q. Doctor, you say that you**
 6 **last taught at -- medical students back**
 7 **in 1994. Have you had any academic**
 8 **involvement since that time with any of**
 9 **the local medical colleges or**
 10 **universities?**
 11 A. Not really. I mean, I've
 12 spoken at Scheie Institute, University of
 13 Pennsylvania a few times, meetings where
 14 there were residents, but I didn't do any
 15 specific teaching in those institutions,
 16 hands on.
 17 **Q. Previously, we had talked a**
 18 **little bit about professional**
 19 **associations and organizations. Are you**
 20 **a member of any particular committees of**
 21 **the professional associations of which**
 22 **you are a member?**
 23 **Some people are on**
 24 **nominating committees, publications**

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1 **committees. There are committees that**
 2 **deal with the standards, qualifications.**
 3 **Any of those kinds of things, any of**
 4 **those committees?**
 5 A. No, not specifically.
 6 **Q. Have you ever spent**
 7 **professional time on committees of that**
 8 **sort with any of these professional**
 9 **associations with which you are a member?**
 10 A. Just one organization
 11 society for excellence in eye care and
 12 some projects given to me, but that was a
 13 few years ago, and I don't know where I
 14 am officially now.
 15 **Q. The projects that were**
 16 **given to you a few years ago, do you have**
 17 **some recollection --**
 18 A. Evaluating medical
 19 equipment.
 20 **Q. Did any of that medical**
 21 **equipment involve lasers?**
 22 A. No, I don't think so. It
 23 was more evaluating vendors than
 24 equipment.

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1 **Q. In evaluating vendors, were**
 2 **any of those vendors vendors of laser?**
 3 A. No.
 4 **Q. As a result of your not**
 5 **having enough sleep from time to time --**
 6 A. As a result of my what?
 7 I'm sorry.
 8 **Q. I'm sorry, I'm losing my**
 9 **annunciation.**
 10 **Not having enough sleep**
 11 **from time to time?**
 12 A. Sleep.
 13 **Q. Sleep, yes, have you been**
 14 **unable to do anything personally or**
 15 **professionally that you otherwise would**
 16 **have done? We've talked about things in**
 17 **your practice --**
 18 A. Personally, I'm known for
 19 last minute cancelling vacations because
 20 I'm so tired all I want to do is stay
 21 home, and if I've got a few days, and
 22 sleep. I've cancelled medical meetings
 23 for that reason also. If I am really
 24 tired and have some time to set aside, I

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17 JUN 2009 04:05 pm

Civil Administration

EXHIBIT "B"

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IN THE COURT OF COMMON PLEAS
PHILADELPHIA COUNTY, PENNSYLVANIA

- - -

HERBERT J. NEVYAS, M.D., : NOVEMBER 03

et al. :

DOMINIC MORGAN and :

STEVEN A. FRIEDMAN : 946

ORIGINAL

- - -

Oral deposition of
Kristin Schafer, taken pursuant to
Notice, held at the offices of
Nevyas Eye Associates, 333 Bala Cynwyd
Avenue, Bala Cynwyd, PA, on Friday,
June 10, 2005, at 2:10 p.m., before
John W. Begley, a Federally Approved
Registered Professional Reporter - Notary
Public in and for the Commonwealth of
Pennsylvania.

- - -

ESQUIRE DEPOSITION SERVICES
15th Floor
1880 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103
215 - 988-9191

1 A P P E A R A N C E S :

2 STEIN & SILVERMAN

3 BY: LEON W. SILVERMAN, ESQUIRE

4 230 South Broad Street

5 Philadelphia, PA 19102

6 Phone: 215 - 985-0255

7 Representing the Plaintiffs

8

9 MC KISSOCK & HOFFMAN

10 BY: JEFFREY B. ALBERT, ESQUIRE

11 1818 Market Street

12 Philadelphia, PA 19103

13 Phone: 215 - 246-2100

14 Representing the Defendant

15 Steven A. Friedman

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17 LAW OFFICES OF STEVEN A. FRIEDMAN

18 BY: STEVEN A. FRIEDMAN, ESQUIRE

19 850 West Chester Pike - First Floor

20 Havertown, PA 19083

21 Phone: 610 - 789-0568

22 Representing the Defendant

23 Dominic Morgan

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I N D E X

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Questions Marked

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THE COURT REPORTER: Usual stipulations?

MR. FRIEDMAN: That's fine.

MR. ALBERT: That's fine.

MR. SILVERMAN: That's fine.

- - -

(It is hereby stipulated by and among counsel for the respective parties that the reading, signing, sealing, filing and certification are waived, and that all objections, except as to the form of the questions, be reserved until the time of trial.)

- - -

Kristin Schafer, after having first been duly sworn, was examined and testified as follows:

- - -

EXAMINATION

- - -

MR. SILVERMAN: Before we begin, let's mark this document as Exhibit KS-1. (Indicating).

1 Q. And who is that?

2 A. Can I say?

3 MR. SILVERMAN: Yes.

4 THE WITNESS: Dr. Leon
5 Mielcarek.

6 BY MR. ALBERT:

7 Q. And is he still using the
8 facilities?

9 A. Yes.

10 Q. But that would not, in any
11 way, be reflected on what is KS-1; is
12 that correct?

13 A. That's correct.

14 Q. Now, with respect to these
15 listings of referred bys -- let's see
16 here. Let's just deal with June 13,
17 2002. There's a reference to as a
18 Referred By on the first LASIK procedure
19 there WIP. I assume that's a reference
20 to the radio station?

21 A. Yes.

22 Q. And that would be because
23 the person indicated that they had heard
24 an ad or some kind of promotional mention

1 total amount of the ad buy, that is you
2 want to spend \$5,000 or \$10,000 on a buy
3 over the next week or two; things of that
4 sort?

5 A. Right.

6 Q. And is that ad buy on, let's
7 say, WIP, because we just mentioned that
8 before, has that changed over the last
9 three years? Has it increased,
10 decreased, or stayed the same?

11 MR. SILVERMAN: Are you
12 talking about the dollar volume?

13 MR. ALBERT: The dollar
14 volume.

15 THE WITNESS: I would have
16 to look back to see exactly.
17 There was a period that we stopped
18 or changed a little bit. Not
19 much. We have been pretty
20 consistent with it.

21 BY MR. ALBERT:

22 Q. Is this ad still running on
23 WIP?

24 A. Yes.

1 Q. Do they run on any other
2 radio stations?

3 A. Yes.

4 Q. And what other stations?

5 A. WMGK and -- currently?

6 Q. Yes.

7 A. There's a station, an AM
8 station, in New Jersey, WNJC, I think it
9 is.

10 Q. Okay.

11 A. 3600 AM. I'm not sure.

12 That's the only other one.

13 Q. Were there ever any ads run
14 on KYW?

15 A. Yes.

16 Q. And when most recently was
17 there an ad run on KYW?

18 A. I don't remember. It hasn't
19 been for the last year at least.

20 Q. Was there some reason why
21 the ad or ads were no longer run on KYW?

22 A. KYW is probably the most
23 expensive station.

24 Q. Now, with respect to a

1 budget for the ad buys on radio, are you
2 given a budget?

3 A. Not really. Over the last
4 six months we have, but before that it
5 was always if there was something that we
6 wanted to say or a new procedure that we
7 wanted to make known, then we would just
8 do it.

9 Q. Are there text writings of
10 the content of these ads that are sent to
11 the stations?

12 A. Sometimes.

13 Q. Who makes up the content?
14 Who develops the content of the ad?

15 A. That would be the people I
16 mentioned before: Myself, Carrie, Dr.
17 Sterling, Dr. Wallace, Dr. Nevyas.

18 Q. People sit down, go over a
19 draft, and everybody agrees and then it
20 is sent on to the station. Would that be
21 right?

22 A. Yes. Two of the stations or
23 three of the stations have live reads,
24 which are not scripted as much as we give

1 them bullet points and they talk about
2 their own experience here.

3 Q. And which of the three
4 stations --

5 A. The three that we are
6 currently on.

7 Q. Now, have there been any
8 television advertisements, let's say,
9 over the last four years?

10 A. No.

11 Q. Have there been print
12 advertisements?

13 A. Yes.

14 Q. And where have they
15 appeared?

16 A. The Trend. Now, this was
17 not for LASIK, though.

18 Q. Just tell me.

19 A. The Trend, a synagogue
20 newsletter-type thing.

21 Q. Somebody knew somebody.

22 A. It was more of a donation, I
23 think.

24 Q. We know how that happens.

1 A. I think that's it.

2 Q. So with respect to LASIK,
3 though, there is no print ads that have
4 appeared, as far as you know?

5 A. No.

6 Q. Have there been any mailings
7 that have been done for LASIK other than
8 mailings that may be directed or sent to
9 optometrists?

10 A. I would say no except for
11 when a patient calls and schedules an
12 evaluation, I do send them information
13 along with the confirmation letter. If
14 you would consider that. I don't know.

15 Q. Again, getting back to the
16 radio buy, the amount of money that is
17 spent for radio ads, has that amount
18 increased or decreased over the last
19 three years or stayed the same?

20 A. About the same.

21 Q. About how much is spent per
22 month?

23 A. About 10,000 a month.

24 Q. Now, you say about six

1 A. Right.

2 Q. Now, with respect to the
3 number of patients who come in and say, I
4 heard your ad on WIP or whatever or, I
5 heard the promotional mention of Nevyas
6 Eye Associates on WIP, has that, in your
7 understanding, changed through the years?

8 A. The number that have come in
9 from radio stations?

10 Q. Radio ads.

11 A. Well, yes. Yes, but I would
12 have to look back and we have the
13 information. We can look back and do an
14 analysis of that.

15 Q. With respect to the material
16 that appears on KS-1, you haven't done
17 that analysis, I gather.

18 A. Yes, we do. We have another
19 spreadsheet that keeps track of how many
20 people came in through radio or OD
21 referrals, optometric referrals, Yellow
22 Pages, whatever it may be.

23 Q. Now, this other spreadsheet
24 that you have, does it have a name?

EXHIBIT "C"

IN THE COURT OF COMMON PLEAS
PHILADELPHIA COUNTY, PENNSYLVANIA

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HERBERT J. NEVYAS, : NOVEMBER TERM, 2003
M.D. :

V. :

DOMINIC MORGAN and : NO. 000946
STEVEN A. FRIEDMAN :

- - -
April 29, 2005
- - -

Oral deposition of ANITA NEVYAS-
WALLACE, M.D., held in the offices of
McKissock & Hoffman, 1818 Market Street,
13th Floor, Philadelphia, Pennsylvania
19103, commencing at 10:16 a.m. on the
above date, before Cherese Cornish,
Court Reporter and Notary Public in and
for the Commonwealth of Pennsylvania.

- - -
ESQUIRE DEPOSITION SERVICES
1880 J.F.K. Boulevard
15th Floor
Philadelphia, Pennsylvania 19103
(215) 988-9191

<p>1 APPEARANCES:</p> <p>2 STEIN & SILVERMAN</p> <p>3 BY: LEON W. SILVERMAN, ESQUIRE</p> <p>4 230 South Broad Street, 18th Floor</p> <p>5 Philadelphia, Pennsylvania 19103</p> <p>6 (215) 246-2100</p> <p>7 -- Representing the Plaintiff</p> <p>8</p> <p>9 MCKISSOCK & HOFFMAN</p> <p>10 BY: JEFFREY ALBERT, ESQUIRE</p> <p>11 1818 Market Street, 13th Floor</p> <p>12 Philadelphia, Pennsylvania 19103</p> <p>13 (215) 246-2100</p> <p>14 -- Representing the Defendant,</p> <p>15 Steven A. Friedman</p> <p>16</p> <p>17 LAW OFFICES STEVEN A. FRIEDMAN</p> <p>18 BY: STEVEN A. FRIEDMAN,</p> <p>19 850 West Chester Pike</p> <p>20 Havertown, Pennsylvania 19083</p> <p>21 (610) 789-0568</p> <p>22 -- Representing the Defendant,</p> <p>23 Dominic Morgan</p> <p>24 ALSO PRESENT: Mrs. Friedman and</p>	<p>2</p> <p>1 DEPOSITION SUPPORT INDEX</p> <p>2</p> <p>3 Direction To Witness Not To Answer</p> <p>4 Page Line Page Line</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9 Request For Production Of Documents</p> <p>10 Page Line Page Line</p> <p>11 None</p> <p>12</p> <p>13</p> <p>14</p> <p>15 Stipulations</p> <p>16 Page Line Page Line</p> <p>17 5</p> <p>18</p> <p>19</p> <p>20 Questions Marked</p> <p>21 Page Line Page Line</p> <p>22 None</p> <p>23</p> <p>24</p>
<p>1 ---</p> <p>2 INDEX</p> <p>3 ---</p> <p>4 Testimony of: ANITA NEVYAS-WALLACE, M.D.</p> <p>5 By Mr. Albert. 7, 302</p> <p>6 By Mr. Friedman. 263, 325</p> <p>7</p> <p>8 ---</p> <p>9 EXHIBITS</p> <p>10 EXHIBIT NUMBER DESCRIPTION PAGE MARKED</p> <p>11</p> <p>12 Exhibit-1 Document 308</p> <p>13 Exhibit-2 Transcription 316</p> <p>14</p> <p>15</p> <p>16</p> <p>17 ---</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>	<p>3</p> <p>1 ---</p> <p>2 MR. SILVERMAN: Let the</p> <p>3 record indicate that I am</p> <p>4 providing Mr. Albert with</p> <p>5 documents which I have numbered</p> <p>6 FDA-1 through FDA-180 and that I</p> <p>7 expect, before the deposition is</p> <p>8 concluded, that I will have,</p> <p>9 probably, another 250 pages.</p> <p>10 MR. ALBERT: I will</p> <p>11 obviously review them in the next</p> <p>12 30 seconds and memorize them.</p> <p>13 MR. SILVERMAN: I don't</p> <p>14 want you to take that long.</p> <p>15 MR. ALBERT: I appreciate</p> <p>16 your cooperation and we'll</p> <p>17 obviously deal with this.</p> <p>18 Are these copies that I may</p> <p>19 keep?</p> <p>20 MR. SILVERMAN: Yes.</p> <p>21 MR. ALBERT: And we'll deal</p> <p>22 with the mechanics of getting to</p> <p>23 them. Some will obviously be</p> <p>24 used in the course of this.</p>

6

1 Are they in any particular
2 order, other than the Bate's
3 number, Mr. Silverman? Are they
4 in chronological order or some
5 other kind of order such that I
6 don't have to spend too much time
7 of the witness's trying to figure
8 out what I have in front of me?
9 MR. SILVERMAN: I believe
10 that each packet -- and they're
11 separate packets -- are in
12 chronological order, but I'm not
13 warranting that.
14 MR. ALBERT: I appreciate
15 that.
16 - - -
17 (It is hereby stipulated
18 and agreed by and among counsel
19 that reading, signing, sealing,
20 filing and certification are
21 waived; and that all objections,
22 except as to the form of the
23 questions, are reserved until the
24 time of trial.)

7

1 - - -
2 ANITA NEVYAS-WALLACE, M.D.,
3 after having been first duly
4 sworn, was examined and testified
5 as follows:
6 - - -
7 EXAMINATION
8 - - -
9 BY MR. ALBERT:
10 Q. Doctor, I'm Jeffrey Albert,
11 counsel, in this case, for the
12 defendant, Steven Friedman, and I'm
13 going to be asking you a series of
14 questions today. If at any time you
15 don't understand the question, please
16 tell me that. Otherwise, I'll assume
17 that you both heard and understood the
18 question. Do you understand that
19 instruction?
20 A. Yes.
21 Q. Doctor, could you state
22 your full name?
23 A. Anita Nevyas Wallace, M.D.
24 Q. Doctor, where do you

8

1 presently reside?
2 A. In Lower Merion Township.
3 Q. Where in Lower Merion, what
4 street address?
5 A. Narberth. 231 Tower Lane,
6 Narberth, Pennsylvania 19072.
7 MR. ALBERT: Off the
8 record.
9 - - -
10 (Whereupon, a discussion
11 was held off the record.)
12 - - -
13 BY MR. ALBERT:
14 Q. Now, Doctor, for how long
15 have you been practicing as a physician?
16 A. Since 1983.
17 Q. And during that period of
18 time, have you had any personal contact
19 with the Food and Drug Administration or
20 any representative of the Food and Drug
21 Administration?
22 MR. SILVERMAN: What do you
23 mean by personal contact?
24 MR. ALBERT: As an

9

1 individual, directly with someone
2 who is from the FDA or with the
3 commission, itself.
4 MR. SILVERMAN: You mean
5 verbal, telephonic, written?
6 MR. ALBERT: Any of those,
7 yes, any kind of contact.
8 THE WITNESS: Ever having
9 met anyone from the FDA?
10 BY MR. ALBERT:
11 Q. That's right.
12 A. Yes.
13 Q. When did you first have any
14 contact with anyone from the FDA?
15 A. When someone from the FDA
16 came to our office.
17 Q. When you say someone from
18 the FDA came to our office, you're
19 referring to the office of Nevyas Eye
20 Associates?
21 A. That's right.
22 Q. Do you know when that was,
23 by year or by year and date?
24 A. Not offhand, no.

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1 response to that application, to this
2 website?
3 A. No.
4 Q. Has there been, since you
5 joined or became affiliated with
6 Surgical Eye Expedition, any reference
7 by that organization to Mr. Morgan or to
8 the website?
9 A. No.
10 Q. You also mentioned the
11 Society For Excellence In Eye Care. How
12 long have you been associated or
13 affiliated with that organization?
14 A. This is going to be a rough
15 guess, 2003.
16 Q. Okay. Now, was there an
17 application that you needed to submit in
18 order for you to become affiliated or
19 associated with that society?
20 A. A nomination.
21 Q. A nomination. Do you know
22 who nominated you for membership in that
23 society?
24 A. I'm not certain who

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1 originally nominated me.
2 Q. Did you get to see the --
3 at some point -- the paper or papers
4 that were submitted in connection with
5 the nomination?
6 A. No.
7 Q. Was there any reference, in
8 connection with your being nominated to
9 that society or your then being advised,
10 I assume, that you were admitted to that
11 society, in connection with or relating
12 to Mr. Morgan or the website?
13 A. No.
14 Q. Have you, since you have
15 become a member of the Society For
16 Excellence In Eye Care, been in contact
17 with the society in any way pertaining
18 or referring to Mr. Morgan or to the
19 website?
20 A. No.
21 Q. Have you, understanding
22 that when you gave me the list of what I
23 jotted down as five organizations that
24 you may not have come up with all of the

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1 organizations, professional
2 organizations, with which you've been
3 affiliated or associated -- have there
4 been any professional organizations with
5 which you've been affiliated or
6 associated at any time in which Mr.
7 Morgan or the care and treatment that
8 you rendered to Mr. Morgan or the
9 website had been the subject of any
10 communication between you and the
11 organization?
12 A. Not to my recollection.
13 Q. I take it that these -- I'm
14 not going to go back over each of these
15 organizations, but I take it that at
16 least some of these organizations have
17 meetings, whether nationally or
18 internationally, on a periodic basis.
19 Do you ever attend any of those
20 meetings?
21 A. Yes.
22 Q. When is the last
23 professional organization meeting that
24 you attended?

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1 A. American Society of
2 Cataract and Refractive Surgeons.
3 Q. When was that meeting held,
4 approximately?
5 A. Sometime in the last six
6 weeks. I can get you dates if you want
7 them.
8 Q. Fair enough. I'm sure we
9 can establish it, if we needed to. That
10 meeting -- when you went to that
11 meeting, did you have any role in that
12 meeting other than being an attendee at
13 the conference or meeting?
14 A. Yes.
15 Q. What was your role?
16 A. I was presenting a
17 scientific paper.
18 Q. And the scientific paper
19 that you were presenting -- I don't need
20 all of the particular details, but what
21 was the general subject matter of it?
22 A. The Rationale For Chilling
23 Proparacaine and The Safe Way in Which
24 To Do That.

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1 Q. Did someone at the American
2 Society select you to present that
3 paper?
4 A. Yes.
5 Q. Prior to your presenting
6 that paper, when is the last time that
7 you presented any paper at any medical
8 or scientific meeting?
9 A. Meaning -- does that mean,
10 exclusively, a meeting of
11 ophthalmologists?
12 Q. No.
13 A. Then I would say March,
14 2005.
15 Q. What was the meeting or the
16 organization that was sponsoring the
17 meeting where you did present in March
18 2005?
19 A. That was an optometric
20 meeting of -- I don't remember how it
21 was listed.
22 Q. All right. Do you remember
23 the name of the society or the
24 sponsoring organization? You say it was

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1 some kind of optometric society?
2 A. An optometric society
3 meeting. I can think of a couple of
4 possibilities.
5 Q. All right. If you can't
6 think of it, that's perfectly fine.
7 A. I don't want to state it
8 wrong.
9 Q. That's perfectly fine. We
10 can ask you; to the extent you can
11 remember, that's fine, but we don't want
12 you to guess. With respect to that
13 particular meeting -- again, without
14 getting into all of the scientific
15 detail, what was the general subject
16 matter of your presentation?
17 A. The disease keratoconus.
18 Q. You mentioned these two
19 recent meetings. Would you tell us,
20 approximately, how often each year -- if
21 there has been any consistency -- you
22 have presented scientific or medical
23 papers at professional societies or
24 meetings?

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1 A. A few times a year.
2 Q. Would you include, on some
3 resume or Curriculum Vitae, someplace,
4 those meetings which you've appeared at?
5 A. Probably.
6 Q. And do you keep a resume or
7 Curriculum Vitae on an updated basis?
8 A. It doesn't get updated
9 every month.
10 Q. I appreciate that.
11 A. And I can't be sure every
12 single presentation goes on there.
13 Q. But you do, from time to
14 time, update it?
15 A. Yes.
16 Q. And with respect to your
17 appearances at meetings, when you're
18 presenting a paper, you would put that --
19 if you remembered -- onto the CV?
20 A. Yes.
21 Q. Do you also present, from
22 time to time, poster sessions or
23 participate in poster sessions at these
24 meetings?

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1 A. Occasionally.
2 Q. Would you record them, if
3 you remembered, on your CV?
4 A. Probably.
5 Q. In the last three or four
6 years, let's say, if we go back to,
7 let's say, 19 -- forget the 1990s.
8 Let's just focus on the year 2000 to the
9 present. Has there been any time when
10 anyone has told you that you were not
11 invited or not being asked to appear
12 because of any issue concerning Mr.
13 Morgan or the care or treatment rendered
14 to Mr. Morgan?
15 A. No.
16 Q. Have you been told at any
17 time, from the year 2002 forward, that
18 you are -- that you were not asked to
19 speak or not being invited to present
20 either a talk or participate in a poster
21 session because of the website?
22 A. No.
23 Q. Now, at these various
24 professional meetings -- I realize,

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1 yes. I always try to adopt Mr.
2 Silverman's suggestions first. Let's
3 start there.
4 A. Zero.
5 Q. Was there any time in which
6 you appeared on a news program?
7 A. Yes.
8 Q. How many times have you
9 appeared on a news program, whether it
10 was live or taped, from 1997 to the
11 present?
12 A. To the best of my
13 recollection, one.
14 Q. And can you recall, as you
15 sit here today, the channel or the show
16 on which you appeared?
17 A. It was Channel 10, whatever
18 network that is. It seems to change.
19 Q. Philadelphians who are
20 affected remember that. Not everybody
21 else would. And the Channel 10 program
22 that you were on was what?
23 A. It was a news program.
24 Q. And what was the subject

75

1 matter of the news program that you --
2 the portion that you appeared in?
3 A. The Crystal Lens
4 Intraocular Lens Implant.
5 Q. Do you recollect in what
6 year that was?
7 A. I think it was about a year
8 ago.
9 Q. Do you know how that came
10 about? Was that a contact that
11 originated from the television station,
12 from Channel 10, or was that a contact
13 that originated from you or somebody
14 from Nevyas Eye Associates?
15 A. To the best of my
16 recollection, Channel 10 called us and
17 asked if they could come out.
18 Q. Now, in terms of
19 television, have you ever appeared on
20 television in any other capacity from
21 1997 to the present?
22 A. No.
23 Q. Now, with respect to radio,
24 commercial radio first -- have you ever

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1 been on commercial radio, in any
2 capacity, from 1997 to the present?
3 A. Commercial radio?
4 Q. Yes.
5 A. As opposed to public radio?
6 Q. That's right.
7 A. Yes.
8 Q. How many times have you
9 been on commercial radio?
10 A. I would have to estimate.
11 Q. Could you do that?
12 A. I would say six or seven.
13 Q. With respect to these six
14 or seven times, when was the most recent
15 occasion?
16 A. It's been a few years. I
17 don't have a date.
18 Q. Okay. Do you remember the
19 subject matter when you most recently
20 appeared or were heard on commercial
21 radio?
22 A. Yes.
23 Q. What was that subject
24 matter?

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1 A. Ophthalmology.
2 Q. Do you remember the show or
3 the particular program?
4 A. I remember the host.
5 Q. Who was that?
6 A. Was Jim Corley (phonetic).
7 Q. And you say that you
8 thought that -- understanding you don't
9 remember precisely when that was, you
10 believe that was a couple of years ago?
11 A. It was definitely before he
12 died. That, I'm certain of.
13 Q. I'm certainly willing to
14 stipulate to that. Obviously, programs
15 can rerun, though, sometimes after
16 the host dies or even, sometimes, after
17 the interviewee dies. God forbid, but
18 it can happen.
19 With respect to your not
20 being on, let's say, in the last
21 whatever -- couple years, do you have
22 any reason to believe that your not
23 being on radio, commercial radio, has
24 anything to do with your care or

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1 treatment of Mr. Morgan or the website?

2 A. No.

3 Q. Now, with respect to your

4 appearances on radio or your being on

5 radio -- appearance may not be the right

6 word -- your being on commercial

7 radio -- did any of those occasions deal

8 with Lasik surgery?

9 A. They dealt with a variety

10 of topics.

11 Q. One of those may have been

12 the Lasik surgery?

13 A. Yes.

14 Q. Did you keep the text or

15 recording of any of those radio

16 appearances?

17 A. No.

18 Q. Now, when we're talking

19 about commercial radio, we excluded

20 public radio. Have you ever appeared or

21 been a participant in a program on

22 public radio?

23 A. I was on a program that --

24 I'm not sure whether it was commercial

79

1 or not.

2 Q. Okay. And can you give us

3 any more information about that?

4 A. Yeah. It was a Filipino

5 language program. And a Filipino

6 doctor, who is the host, asked me to

7 join her, and people call in with

8 questions. And she translated them, and

9 I answered them in English and then she

10 repeated the response.

11 Q. When was that?

12 A. Three or four years ago,

13 probably.

14 Q. We've talked about

15 television. We've talked about radio.

16 Have you appeared at any lectures or

17 community events in any -- that at all

18 relate to your professional activities?

19 A. Career day at various

20 schools.

21 Q. Other than career day. I

22 mean, one of the things -- we know that

23 some hospitals, at least, nowadays --

24 they have -- they advertise a particular

80

1 day, and they ask people who are from

2 the public to come to hear discussions

3 about particular medical issues. Have

4 you ever participated in that kind of a

5 thing, outside of the career day

6 context?

7 A. Many years ago, I was asked

8 to speak at a retirement home, talk

9 about the eye.

10 Q. Other than that, do you

11 recollect any other such occasion?

12 A. I gave a lecture to a

13 school group that wasn't for career

14 group, talking about the function of the

15 eye, structure.

16 Q. Anything that has been open

17 to the members of the general public or

18 been advertised to the members of the

19 public, that you recollect?

20 A. No.

21 Q. Now, have you authored any

22 material, concerning your professional

23 activities or services, in a newspaper

24 or magazine of general public interest

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1 or circulation?

2 A. Not to my recollection.

3 Q. Does Nevyas Eye Associates

4 presently do any commercial advertising

5 for its services, whether on TV or radio

6 or by mail?

7 A. I believe so.

8 Q. Do you have any

9 participation in that activity? It

10 sounds like, from your answer, that you

11 don't. When Nevyas Eye Associates does

12 this advertising, do you participate in

13 reviewing a copy, the content of the

14 advertising?

15 MR. SILVERMAN: Are you

16 talking about presently?

17 BY MR. ALBERT:

18 Q. Yes, presently.

19 A. I had a look at our

20 brochure before it went to the printer,

21 but I don't know if that counts as

22 advertising.

23 Q. The brochure that you're

24 referring to, does that get mailed out

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1 to people other than existing patients?
2 A. No.
3 Q. And prior -- we've asked
4 you about the present advertising of
5 Nevyas Eye Associates. Is Nevyas Eye
6 Associates, either in its name or under
7 some trade name, ever engaged in
8 advertising prior to its present
9 practices? Has it ever done advertising
10 before of any sort?
11 A. Prior to the present
12 practice of Nevyas Eye Associates?
13 MR. SILVERMAN: I'm going
14 to object to the form of the
15 question.
16 BY MR. ALBERT:
17 Q. Has Nevyas Eye Associates
18 ever advertised its services before?
19 A. Yes.
20 MR. SILVERMAN: Before
21 what?
22 BY MR. ALBERT:
23 Q. Before the present time.
24 A. The present time being

83

1 today's date?
2 Q. That's correct.
3 A. Yes.
4 Q. When did it first, to your
5 knowledge, engage in any advertising for
6 its services?
7 A. I don't know.
8 Q. Has it ever engaged in any
9 television advertising?
10 MR. SILVERMAN: Ever.
11 BY MR. ALBERT:
12 Q. Ever.
13 A. There was a video once,
14 which I know was available for people
15 who wanted it in the office, but it may
16 have aired.
17 Q. When you say it may have
18 aired, do you know whether it aired on
19 television or in some other context?
20 A. I'm not sure.
21 Q. Other than that video, do
22 you recollect Nevyas Eye Associates,
23 whether in that name or under some trade
24 name, ever doing any advertising on

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1 television?
2 A. No.
3 Q. Did Nevyas Eye Associates
4 ever do any advertising on radio?
5 A. Yes.
6 Q. And when did Nevyas Eye
7 Associates begin, first, to advertise,
8 in any respect, on radio, to your
9 knowledge?
10 A. I do not have a date.
11 Q. When did Nevyas Eye
12 Associates first perform Lasik surgery?
13 A. I'm going to have to say, I
14 believe -- I believe, late 1995.
15 Q. Did Nevyas Eye Associates,
16 at the time it first performed Lasik
17 surgery in late 1995 -- and I understand
18 you're not a hundred percent sure of
19 that date -- advertise those services by
20 radio?
21 A. Not to my knowledge.
22 Q. Do you know whether, at the
23 time Nevyas Eye Associates applied -- or
24 you and Dr. Herbert Nevyas applied for

85

1 the IDE, Nevyas Eye Associates was
2 advertising on radio?
3 A. Advertising any aspect?
4 Q. Any aspect?
5 A. I don't know.
6 Q. Did Nevyas Eye Associates,
7 in 1997, 1998 or 1999, have an
8 advertising agency or some person who
9 was performing services in terms of
10 booking advertisements for Nevyas Eye
11 Associates?
12 A. At some point, there was an
13 advertising agency, but I can't tell you
14 exactly when that was.
15 Q. Do you know the name of the
16 agency?
17 A. I remember the name of the
18 agent.
19 Q. And who was that?
20 A. That was Glen Page.
21 Q. And does Glen Page still do
22 any work for Nevyas Eye Associates?
23 A. No.
24 Q. When did Glen Page last do

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1 any work for Nevyas Eye Associates, to
2 your recollection?
3 A. I don't know.
4 Q. Do you know what work Glen
5 Page did for Nevyas Eye Associates?
6 A. Well, he helped us with a
7 brochure.
8 Q. Other than the brochure,
9 did he provide any other services to
10 Nevyas Eye Associates?
11 A. He must have. I recall
12 meeting with him, but I don't remember
13 the details.
14 Q. Fair enough. If you don't
15 remember, it's perfectly appropriate to
16 say you don't remember. I don't take
17 offense to that. I assure you. If you
18 don't remember, it's a perfectly natural
19 thing. Not everybody is going to
20 remember everything that happened in
21 their life. I've testified sometimes
22 and said I don't remember, and it's been
23 honest and true, so I accept when you
24 say you don't remember. That's fine.

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1 Other than Mr. Page, do you
2 remember anybody else who worked on or
3 was providing help to Nevyas Eye
4 Associates in advertising?
5 A. No.
6 Q. Now, you remembered Mr.
7 Page's name. Do you remember the firm
8 or business with which he was affiliated
9 or associated?
10 A. No.
11 Q. You say you met with Mr.
12 Page. Do you remember whether you met
13 with Mr. Page on more than one occasion?
14 A. Yes.
15 Q. And did you meet with him
16 on more than one occasion?
17 A. Yes.
18 Q. And when you met with him,
19 did you meet with him at Nevyas Eye
20 Associates or did you go to some other
21 location?
22 A. I recall one meeting at a
23 Chinese restaurant.
24 Q. Okay. I'm not going to ask

88

1 you which Chinese restaurant, but do you
2 remember whether there were persons from
3 Nevyas Eye Associates, other than you,
4 who were present at that restaurant?
5 A. I remember it was me and
6 Glen Page.
7 Q. And I take it that there
8 was no one else with Mr. Page from
9 whatever organization that he was
10 affiliated or associated with?
11 A. No. It was the two of us.
12 Q. Now, what was the purpose
13 of that particular meeting, other than
14 to have some food?
15 A. I believe it was to talk
16 about the new brochure.
17 Q. Okay. Now that implies
18 there was an old brochure. How many
19 different brochures has Nevyas Eye
20 Associates had to your knowledge?
21 A. I'm not sure there was an
22 old brochure. I believe it was a new
23 idea.
24 Q. With respect to the new

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1 brochure, understanding that there may
2 not have been an old one --
3 A. There are new babies
4 without old babies.
5 Q. I understand that. Do you
6 remember whether any of its content
7 dealt with Lasik surgery?
8 A. No, I don't.
9 Q. Now, with respect to the
10 various contacts that you've had with
11 these various professional societies
12 where you've gone to these various
13 meetings, have you made any
14 presentations or given any speeches at
15 any time at any professional meeting
16 concerning Lasik surgery?
17 A. Yes.
18 Q. And would those
19 presentations have all been based upon
20 papers that you had prepared?
21 A. No.
22 Q. Would any of those
23 presentations have referred to the IDE
24 or the laser that was part of the IDE?

1 those doctors told you, we're seeing
2 fewer people coming to these events than
3 we used to?

4 A. Those doctors have
5 described questions from the attendee
6 about this web site.

7 Q. Okay. We'll get into that
8 in a second. Have any of these doctors
9 told you, we're just not seeing as many
10 people come to these events as we used
11 to see?

12 A. I haven't discussed numbers
13 with them.

14 Q. I understand you haven't,
15 nobody has made that observation to you.
16 Is that correct?

17 A. Not to my recollection.

18 Q. Now, with respect to these
19 doctors telling you that they've heard
20 comments or questions about the web
21 site, other than their just mentioning
22 that in general, have any of the doctors
23 given you more specific comments about
24 things that they've heard about the web

1 from Nevyas Eye Associates, the ones
2 that were working at Nevyas Eye
3 Associates, told you that they have
4 heard from a particular doctor or
5 doctors that they're just not going to
6 send patients or refer patients to
7 Nevyas Eye Associates because of the web
8 site?

9 A. They've described doctors
10 saying that it's awfully hard to send a
11 patient.

12 Q. Have there been any names
13 attached to those statements, that is,
14 Dr. X -- whoever that happens to be --
15 has said, it's awfully hard to send
16 patients to you or to any of the doctors
17 at Nevyas Eye Associates because of the
18 web site?

19 A. Probably, but I can't
20 produce those names.

21 Q. Now, in terms of promoting
22 the knowledge of and the good works of
23 Nevyas Eye Associates, other than having
24 these eight events a year -- and I

1 site from those who were attending these
2 meetings?

3 A. What was the question?

4 Q. You mentioned that these
5 doctors from Nevyas Eye Associates -- at
6 these meetings, a number of them have
7 come back and said, they asked me
8 questions; I've had questions about the
9 web site.

10 Have any of these doctors from Nevyas
11 Eye Associates given you any more
12 specific information about questions
13 they are hearing about the web site at
14 these meetings?

15 A. They've said that doctors
16 are fielding questions from their
17 patients.

18 Q. Other than that, anything
19 more?

20 A. That doctors are not happy
21 about having to defend us to their
22 patients, rather than simply telling
23 their patients about us.

24 Q. Have any of the doctors

1 realize it may vary, but approximately
2 eight events a year -- does Nevyas Eye
3 Associates do anything else in this
4 period of time, from the beginning of
5 2002 to the present, to make the
6 community, or the medical community,
7 aware of its services, its efforts, its
8 quality?

9 A. We get other speaking
10 invitations from groups of doctors.

11 Q. And I take it that to the
12 extent possible, the speaking
13 invitations are accepted?

14 A. Often, yes.

15 Q. Has there been any notice
16 that the number of speaking invitations
17 over the last couple of years have
18 declined or evaporated?

19 A. I don't believe we have a
20 statistically significant sample.

21 Q. With respect to the
22 practice, one of the things that some
23 medical practices do is, they sponsor
24 other kinds of activities, whether it's

1 but I don't have it on the tip of my --
 2 **Q. Is that still ongoing, the**
 3 **DiMaggio case?**
 4 A. It's not resolved.
 5 **Q. Okay. Understanding that**
 6 **it's still not resolved -- and I don't**
 7 **want to go into the details of it. Has**
 8 **there been, in that suit, a trial**
 9 **scheduled?**
 10 A. No.
 11 **Q. Do you believe that that**
 12 **has -- the pendency of that suit has had**
 13 **any affect upon you or upon your**
 14 **professional reputation?**
 15 A. No.
 16 **Q. Do you believe, putting**
 17 **aside the web site, that the suit by Mr.**
 18 **Morgan had any effect upon you or any**
 19 **effect upon your professional**
 20 **reputation?**
 21 A. When you say any effect on
 22 me, what do you mean?
 23 **Q. Sometimes having a lawsuit**
 24 **against people becomes a burden to them.**

1 A. Yes.
 2 **Q. Did that have any effect**
 3 **upon you or your family, other than the**
 4 **fact that it upset you?**
 5 A. No.
 6 **Q. In terms of professional**
 7 **reputation, did any of the three**
 8 **lawsuits, themselves, become known among**
 9 **your colleagues outside Nevyas Eye**
 10 **Associates?**
 11 A. Each was probably known to
 12 someone.
 13 **Q. I understand that, but did**
 14 **that come back to you or did you hear**
 15 **about it from somebody?**
 16 A. No.
 17 **Q. Lasik eye surgery, itself,**
 18 **has been the subject of some commentary**
 19 **from time to time by people who have**
 20 **been very strongly in favor of it and**
 21 **some people who have been critical of**
 22 **the Lasik eye surgery. Are you aware of**
 23 **that, prior to the existence of this web**
 24 **site?**

1 **They get unhappy. I was sued once. I**
 2 **wasn't real happy and it affected,**
 3 **maybe, some sleep a few nights, that**
 4 **kind of thing. Did the Morgan suit have**
 5 **any effect upon you?**
 6 A. Of course it's burdensome.
 7 **Q. Okay. Other than you and**
 8 **whoever else from the practice knew**
 9 **about it, did the Morgan suit, while it**
 10 **was pending, before the web site, become**
 11 **something that anybody else knew about?**
 12 A. Anybody else?
 13 **Q. Outside the practice, other**
 14 **than Mr. Morgan and Mr. Friedman and**
 15 **your attorneys who were representing**
 16 **you.**
 17 A. My family.
 18 **Q. Would you say that you got**
 19 **upset as a result of that lawsuit being**
 20 **brought against you?**
 21 A. Yes.
 22 **Q. Would that also be true of**
 23 **the Fiorelli suit? Would that have been**
 24 **upsetting to you?**

1 A. Yes.
 2 **Q. Have you participated --**
 3 **you, personally -- participated in any**
 4 **effort to try to either support people**
 5 **who have been performing Lasik eye**
 6 **surgery or been critical of those**
 7 **performing Lasik eye surgery?**
 8 A. What's the question?
 9 **Q. Have you, personally, been**
 10 **involved in any criticism of anybody**
 11 **performing Lasik eye surgery or offering**
 12 **Lasik eye surgery services?**
 13 A. No.
 14 **Q. Do you know whether anybody**
 15 **at Nevyas Eye Associates, other than**
 16 **yourself, has been involved in any**
 17 **effort to criticize anybody or any**
 18 **organization providing Lasik eye**
 19 **surgery?**
 20 A. I don't know.
 21 **Q. Before you ever heard of**
 22 **this web site, did people come in -- did**
 23 **patients come in and have questions**
 24 **about whether they should undergo Lasik**

1 eye surgery because they heard some
 2 stories about it from other sources?
 3 A. Yes.
 4 Q. And what sources did they
 5 report to you as being of concern to
 6 them?
 7 A. Various media.
 8 Q. And these --
 9 A. As well as their
 10 acquaintances.
 11 Q. So their -- whatever their
 12 sources were, there was some sources of
 13 information that they had that were
 14 negative about Lasik eye surgery?
 15 A. About any surgery.
 16 Q. In particular, were there
 17 sources of information on the Internet
 18 before this web site went up that were
 19 negative about Lasik eye surgery?
 20 A. About any surgery.
 21 Q. Okay. Did you or, to your
 22 knowledge, anyone within Nevyas Eye
 23 Associates monitor what was on the
 24 Internet concerning Lasik eye surgery

1 before you heard of Mr. Morgan's web
 2 site?
 3 A. Monitor?
 4 Q. Yes. The web had been
 5 around for a number of years before his
 6 web site went up.
 7 A. What do you mean by
 8 monitor?
 9 Q. Check -- now people call
 10 them Google searches or Yahoo searches.
 11 You put in the name of Lasik or you put
 12 in the name of Nevyas and you come up
 13 with hits, they're called. Was that
 14 occurring at Nevyas Eye Associates
 15 before you heard of Mr. Morgan's web
 16 site?
 17 A. I don't know.
 18 Q. Did you do that yourself?
 19 A. No.
 20 Q. Did you ever hear of your
 21 name appearing on the Internet before
 22 you heard of Mr. Morgan's web site?
 23 A. Yes.
 24 Q. How did you hear of that,

1 that your name was on the web?
 2 A. I had presented scientific
 3 papers that were cited.
 4 Q. Did you know that those
 5 scientific papers were published on the
 6 Internet or cited on the Internet?
 7 A. Sure.
 8 Q. How did you know that?
 9 A. Because that's what
 10 happened with scientific papers.
 11 Q. You were aware of that
 12 being on the Internet before you ever
 13 heard of Mr. Morgan's web site?
 14 A. I knew that anyone who
 15 publishes a paper -- it will have some
 16 mention of that.
 17 Q. Were you aware, for
 18 example, that there are other kinds of
 19 websites besides scientific papers that
 20 appeared on the Internet?
 21 A. Was I aware that there were
 22 websites other than ones concerning
 23 scientific papers?
 24 Q. Yes.

1 A. The Internet consisted of
 2 more than scientific papers?
 3 Q. Yes.
 4 A. Yes.
 5 Q. And that there were people
 6 out there who were critical of various
 7 kinds of medical procedures. You were
 8 aware of that, too?
 9 A. Yes.
 10 Q. Did you ever hear of those
 11 patients, concerning Lasik surgery,
 12 before you heard of Mr. Morgan's web
 13 site?
 14 A. Yes.
 15 Q. Did you review the content
 16 of any of those websites before you --
 17 when patients would mention that?
 18 A. Sometimes.
 19 Q. Did you find some of them
 20 to be inaccurate?
 21 A. Sometimes patients printed
 22 things out that they had seen.
 23 Q. And they'd bring them in
 24 for you to take a look at?

1 MR. SILVERMAN: That's
 2 correct.
 3 MR. FRIEDMAN: So I would
 4 submit that you probably already
 5 have those documents, as well as
 6 a document showing that Cheryl
 7 Fiorelli was then operated again
 8 on July 10th, 1997. I don't know
 9 anything -- what you have or
 10 don't have. I'm sure the records
 11 are whatever they show. Let
 12 me --
 13 BY MR. FRIEDMAN:
 14 Q. Doctor, did you have
 15 anything to do with making up
 16 advertising material for -- or
 17 promotional material for the Nevyas
 18 investigational device, the Lasik device
 19 that was used on Mr. Morgan? And I'm
 20 talking about material that was used on
 21 radio.
 22 A. No.
 23 Q. Do you recall that there
 24 were some promotions on the radio?

1 A. At some point, there was
 2 something on the radio.
 3 Q. Are you saying today, you
 4 did not or you don't recall whether you
 5 were involved in the promotion or
 6 approving any of that promotional
 7 material?
 8 A. No. I wasn't on the radio.
 9 Q. How do you know that?
 10 A. Oh, I would have remembered
 11 if I actually --
 12 Q. How about -- did you
 13 prepare or were involved in the
 14 preparation of a script for the making
 15 of a videotape for MD-TV?
 16 A. I recall that there was a
 17 video MD-TV.
 18 Q. I don't understand what you --
 19 A. I recall that there was a
 20 video for MD-TV.
 21 Q. Were you involved in the
 22 preparation of the script for MD-TV.
 23 A. I don't recall whether
 24 there was a script.

1 Q. Did you or anyone at Nevyas
 2 Eye Associates ever tell Mr. Morgan that
 3 you got paid for a mirage or biopic
 4 telescopic lens?
 5 A. Yes.
 6 Q. Did any patient who had
 7 Lasik eye surgery, while you were
 8 performing Lasik eye surgery under the
 9 IDE, seek compensation at any time?
 10 MR. SILVERMAN: Are you
 11 asking whether there have been
 12 lawsuits related to the IDE?
 13 MR. FRIEDMAN: Whatever
 14 compensation is.
 15 BY MR. FRIEDMAN:
 16 Q. Did anybody ever seek
 17 compensation -- doctor, let me -- do you
 18 regard a lawsuit claiming money damages
 19 against you by a patient as being a
 20 method of the patient trying to seek
 21 compensation?
 22 A. Conceivably.
 23 Q. Let me be sure that I
 24 understand. If a patient were to sue

1 you and ask for monetary damages
 2 alleging that -- I'm not asking you to
 3 admit anything -- but the patient
 4 alleged that they wanted the monetary
 5 damages because of a claimed damage from
 6 you -- that you would regard that,
 7 conceivably, as a form of the patient
 8 asking for compensation?
 9 MR SILVERMAN: That's a
 10 different question than you asked
 11 before. You've now added seeking
 12 damages, which you didn't include
 13 in your first question. So it's
 14 a different question. I don't
 15 have any objection to your
 16 answering that question.
 17 THE WITNESS: That is one
 18 interpretation.
 19 BY MR. FRIEDMAN:
 20 Q. Doctor, do you know Herbert
 21 Wallace?
 22 A. Yes.
 23 Q. Who is Herbert Wallace.
 24 A. A medical scientist.

1 A. It's a company.
 2 Q. What relationship, if any,
 3 does Tower Technologies have to Nevyas
 4 Eye Associates?
 5 A. I don't know.
 6 Q. Do you have any
 7 understanding as to Tower Technologies'
 8 relationship to the excimer laser which
 9 is part of the IDE?
 10 A. No.
 11 Q. Do you know whether Herbert
 12 Wallace, Dr. Herbert Wallace, had any
 13 connection with Tower Technologies?
 14 A. I recall he did.
 15 Q. Who else did, besides Dr.
 16 Herbert Wallace?
 17 A. I'm not sure.
 18 Q. How did you come to know
 19 that Dr. Herbert Wallace had some
 20 connection with Tower Technologies?
 21 A. I remember, that was around
 22 the time when we felt we could use the
 23 help of a medical scientist as part of
 24 our team.

1 Q. By medical scientist as
 2 part of our team, you're referring to
 3 Dr. Herbert Wallace?
 4 A. Yes.
 5 Q. What did Dr. Herbert
 6 Wallace do as part of your team?
 7 A. He was a resource.
 8 Q. What resource did he
 9 provide? What did he do?
 10 A. We were able to discuss
 11 with him study design protocol, things
 12 that he had a lot of experience in.
 13 Q. Did he have anything to do
 14 with the excimer laser?
 15 MR. SILVERMAN: When you
 16 say anything to do with --
 17 BY MR. ALBERT:
 18 Q. In terms of assembling it,
 19 monitoring it, making it work and any
 20 modifications of it, anything,
 21 physically, to do with the operation?
 22 MR. SILVERMAN: Discussing
 23 components?
 24 BY MR. ALBERT:

1 Q. Sure.
 2 A. We discussed things, sure.
 3 Q. When you say, we discussed
 4 things, are you talking about you and
 5 Dr. Herbert Wallace?
 6 A. Yes.
 7 Q. Do you know whether Dr.
 8 Herbert Wallace had any financial
 9 interest in the excimer laser?
 10 A. No, I do not.
 11 Q. Do you know whether he had
 12 any financial interest in Tower
 13 Technologies?
 14 A. No.
 15 Q. Do you know whether Tower
 16 Technologies had any financial
 17 relationship with Nevyas Eye Associates?
 18 A. No.
 19 Q. Do you know whether Nevyas
 20 Eye Associates is an S corp or a C corp?
 21 A. No.
 22 MR. ALBERT: Let me just
 23 have this marked.
 24 - - -

1 (Whereupon, Exhibit-1 was
 2 marked for identification.)
 3 - - -
 4 BY MR. ALBERT:
 5 Q. I've had marked as
 6 Exhibit-1 a document -- actually, I had
 7 this printed out myself. It's entitled
 8 refractive surgery. That's the first
 9 part of it. This is an article that --
 10 it appears -- was put together by you
 11 and Dr. Nevyas. Do you remember doing
 12 that?
 13 A. Yes.
 14 Q. And it appeared on
 15 something called Quackwatch. Do you
 16 have some understanding as to what that
 17 is?
 18 A. Yes.
 19 Q. What is that?
 20 A. That's a web site that
 21 exposes quackery and gives accurate
 22 information.
 23 Q. Who put that together?
 24 MR. SILVERMAN: Who put

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1 what together?
2 MR. ALBERT: Quackwatch.
3 MR. SILVERMAN: Who is the
4 person that created Quackwatch?
5 MR. ALBERT: Yes.
6 THE WITNESS: Dr. Steven
7 Barratt.
8 BY MR. ALBERT:
9 Q. What relationship is Dr.
10 Steven Barratt to you?
11 A. He's my uncle.
12 Q. Other than this article on
13 refractive surgery, did you contribute
14 anything else to the publication in
15 Quackwatch?
16 A. I think I wrote something
17 about cataract surgery. I don't see it
18 here.
19 Q. Now, this apparently was --
20 at least as described at the end of this --
21 this article was revised October 24th,
22 1999. Do you know when the first
23 version of this article was provided to
24 Quackwatch?

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1 A. Mine doesn't say that.
2 Mine says April 24th. That's what mine
3 says.
4 Q. That's what I thought I
5 said.
6 A. October.
7 Q. Oh, I'm sorry. I
8 apologize. You have some recollection
9 as to preparing a prior version of this
10 for publication on Quackwatch?
11 A. Yes.
12 Q. Now, are you aware that on
13 Quackwatch, there were other articles
14 that were prepared by Dr. Barratt or
15 others concerning advice to consumers?
16 A. Yes.
17 Q. And part of the purpose of
18 submitting this particular article for
19 publication on Quackwatch was to provide
20 advice to the consumers?
21 A. Yes.
22 Q. And the reason why you
23 participated in providing this article
24 for advice to consumers was what?

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1 A. So the consumers would have
2 the information.
3 Q. And they would then be able
4 to make some kind of decision with
5 respect to refractive surgery?
6 A. Yes, and to know what it
7 was about.
8 Q. So, from your point of
9 view, this information was important for
10 patients to have in making some kind of
11 decision as to refractive surgery,
12 right?
13 A. We tried to make it useful.
14 Q. And part of the purpose of
15 Quackwatch was to warn people,
16 consumers, away from false information
17 about various kinds of medical
18 procedures. Is that correct?
19 A. Yes.
20 Q. Now, do you know whether
21 there were other organizations, medical
22 organizations, besides Nevyas Eye
23 Associates, promoting or encouraging
24 people to consider Lasik surgery back in

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1 the 1990s?
2 MR. SILVERMAN: When in the
3 1990?
4 MR. ALBERT: Any time.
5 MR. SILVERMAN: Any time
6 from 1990 through 1999?
7 MR. ALBERT: That's right.
8 THE WITNESS: What was the
9 question?
10 BY MR. ALBERT:
11 Q. Did you know that there
12 were other medical organizations other
13 than Nevyas Eye Associates that were
14 encouraging people to consider having
15 Lasik eye surgery back in that time
16 period?
17 MR. SILVERMAN: I believe
18 that may assume a fact not in
19 evidence.
20 MR. ALBERT: I appreciate
21 that.
22 MR. SILVERMAN: I'm going
23 to ask you to rephrase the
24 question or I'm going to instruct

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1 her not to answer.
2 BY MR. ALBERT:
3 Q. Were there organizations
4 encouraging people to consider Lasik eye
5 surgery back in the 1990s?
6 A. Yes.
7 Q. Did you see information
8 which they were providing to consumers
9 back in that period of time? You're not
10 only aware that there was such
11 information; you saw information they
12 were putting out for consumers. Is that
13 correct?
14 A. There was information
15 around.
16 Q. Did you consider all of
17 that information to be accurate
18 information?
19 MS. SILVERMAN: All what
20 information?
21 MR. ALBERT: The
22 information these organizations
23 were providing to people to
24 encourage them to consider Lasik

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1 surgery.
2 THE WITNESS: There was
3 information of all degrees of
4 accuracy available.
5 BY MR. ALBERT:
6 Q. And that implies both
7 accurate and not accurate. Is that
8 right?
9 A. Yes.
10 Q. And did Nevyas Eye
11 Associates undertake any effort to make
12 the public or any portion of the public
13 aware of the inaccuracy of any of that
14 information provided by others, other
15 than the submission of this article on
16 refractive surgery? Again, focusing on
17 the period in the 1990.
18 MR. SILVERMAN: I object to
19 the form of the question. If you
20 understand it, you may answer.
21 THE WITNESS: I don't.
22 BY MR. ALBERT:
23 Q. In the 1990s, other than
24 submitting this article to Quackwatch on

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1 refractive surgery, did Nevyas Eye
2 Associates or you, personally,
3 participate in the publication or
4 submission for publication of any
5 information designed to correct
6 inaccurate information distributed by
7 others concerning Lasik surgery?
8 A. Publish?
9 Q. Yes, broadcast, distribute.
10 A. I don't know.
11 MR. ALBERT: Let me have
12 this marked as the next exhibit.
13 - - -
14 (Whereupon, Exhibit-2 was
15 marked for identification.)
16 - - -
17 BY MR. ALBERT:
18 Q. We've had marked, as
19 Exhibit-2, a document which has, on the
20 top, a declaration, apparently,
21 submitted by Dominic Morgan, and then
22 attached to that is a -- something
23 called the MD-TV Medical News Now, Lasik
24 Surgery, and it's a transcript. And

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1 that goes on for 28 pages, and then a
2 certificate is attached to that, and a
3 videotape transcript index of several
4 pages is attached to that, something
5 called Min-U-Script.
6 MR. SILVERMAN: Is there a
7 date?
8 MR. ALBERT: The
9 transcription, yes.
10 MR. SILVERMAN: No, not a
11 date of the transcription, the
12 date of the broadcast.
13 MR. ALBERT: There is, so
14 far as I can tell, no date on the
15 broadcast session of this, which
16 is pages 12 to -- 2 to 28, the
17 transcript portion. I do not see
18 that.
19 BY MR. ALBERT:
20 Q. Doctor, have you ever seen
21 this transcript before, putting aside
22 the cover page marked declaration?
23 A. I don't know.
24 Q. I'd like to refer you to

1 page seven of the transcript, which I
2 think is page eight of the document. It
3 has, at the top, seven. In the middle
4 of the page -- maybe two thirds down --
5 there's a reference to Dr.
6 Nevyas-Wallace, and then it has some
7 words that follow that. Do you
8 recollect having, at some point, made
9 the statements that appear after your
10 name on pages seven and eight of this
11 transcript?

12 A. Yes.

13 Q. Do you know why you made
14 these statements?

15 A. In answer to questions.

16 Q. Was this part of some
17 commercial that was being done? You
18 see, at the bottom of page eight of the
19 transcript, there's the word commercial?
20 There are millions of reasons to fly
21 today. And it continues, only one that
22 matters to you at Delta Airlines and so
23 forth. I'm not going to regurgitate all
24 this stuff for Delta Airlines. Does

1 says, on the declaration -- this is by
2 Mr. Morgan, apparently. He says he saw,
3 on television -- at least three times
4 while he was a patient at Nevyas Eye
5 Associates and after his surgery -- the
6 MD-TV videotape featuring you and Dr.
7 Herbert Nevyas. And he says the
8 information given by you on the
9 videotape is the same that was orally
10 given to him before his laser eye
11 surgery. I'm not seeking rights now to
12 have you review it to compare what you
13 said to him back then. I'm not
14 interested in that.

15 Was this videotape that was
16 prepared for MD-TV made available and
17 provided to patients of Nevyas Eye
18 Associates?

19 A. I think it may have been
20 playing or at least they were able to
21 watch it in the office.

22 Q. When they came in, they
23 would be able to see the tape?

24 A. I think so. This was

1 that give you any recollection as to
2 what you were involved in doing in
3 making the statements that are reflected
4 on this transcript?

5 A. I was being interviewed.

6 Q. Was it for the purpose of
7 some commercial?

8 A. It had commercials in it.
9 It was an informational interview.

10 Q. And the information,
11 though, was for purposes of a broadcast
12 on airplanes?

13 A. No. I don't believe so.

14 Q. What did you think you were
15 doing when you gave this informational?

16 A. I was answering questions
17 about refractive surgery for a show that
18 was to be shown on cable.

19 Q. Let me go back to the first
20 page of this document. I'm not going to
21 spend all this time going over the
22 transcript and whether it's true and
23 accurate and so forth. We can do that
24 at another time, if we need to. It

1 information. This was not consent.
2 This was information.

3 Q. I appreciate that. I'm not
4 arguing that it was consent. Given what
5 Mr. Morgan said -- I'm not asking you to
6 accept it, but on this declaration --
7 would it be your recollection that this
8 videotape was done sometime in 1999 or
9 1997?

10 A. I don't remember when it
11 was done.

12 Q. Were there other videotapes
13 of this type that you were involved in
14 concerning laser eye surgery?

15 A. At some point, we had
16 something explaining radial keratotomy.
17 I'm not sure about laser eye surgery.

18 Q. This document at least
19 would seem to talk about Lasik laser
20 vision correction. I'm not going to ask
21 you to look through the whole thing. If
22 you want to look at it, you certainly
23 can. It says -- the announcer is quoted
24 a whole bunch of time to say, to learn

1 more about Lasik laser vision correction
 2 or find out if you are a candidate for
 3 Lasik, you can reach Nevyas Eye
 4 Associates toll free 800-9-LASER-6;
 5 that's (800) 952-7376. Was that an 800
 6 number that Nevyas Eye Associates had at
 7 one time?
 8 A. Yes.
 9 Q. Does it still have that
 10 number?
 11 A. I think so.
 12 Q. Do you know when it first
 13 got that telephone number?
 14 A. I think I remember, but I
 15 can't vouch for it.
 16 Q. Okay.
 17 A. I think it was 1996.
 18 Q. So does this refresh your
 19 recollection as to when this videotape
 20 was done?
 21 A. If, indeed, we picked
 22 9-LASER-6 because it was 1996 -- and I
 23 have some recollection of that and
 24 certainly can't vouch for it -- then

1 MR. SILVERMAN: I agree
 2 that Delta Airlines is referred
 3 to. There's nothing in this
 4 document that I'm familiar with
 5 that shows that it was shown on
 6 Delta Airlines.
 7 BY MR. ALBERT:
 8 Q. Do you have any
 9 recollection of where it was shown other
 10 than in your office?
 11 A. It was broadcast on
 12 television, at some point, cable.
 13 Q. What cable channel was it
 14 broadcast on?
 15 A. I don't know.
 16 Q. Was it some medical
 17 channel?
 18 A. I think it was.
 19 Q. Was it broadcast locally,
 20 such that whatever your cable channel
 21 was in the area, you'd get some chance
 22 to see it?
 23 A. I don't know.
 24 Q. Who handled getting it

1 that would suggest that this was done
 2 after that. When after that, I can't
 3 say.
 4 Q. At least, the text of this
 5 suggests that it was shown on Delta
 6 Airlines or played on Delta Airlines in
 7 some way or another. I'm not asking you
 8 to know that. Was there an agency that
 9 Nevyas Eye Associates used to get this
 10 video that -- this informational video,
 11 in which you participated, shown in
 12 various places?
 13 A. MD-TV approached us.
 14 Q. Okay. Other than -- this
 15 would indicate that this was shown on
 16 Delta. I don't know -- those are the
 17 words.
 18 MR. SILVERMAN: I disagree
 19 with that. I don't know if
 20 there's any evidence.
 21 MR. ALBERT: It says in
 22 the -- refers to Delta as a
 23 commercial. Whether, in fact, it
 24 was shown, I don't know.

1 broadcast, making the arrangements?
 2 A. MD-TV
 3 MR. ALBERT: That's all I
 4 have.
 5 - - -
 6 EXAMINATION
 7 - - -
 8 BY MR. FRIEDMAN:
 9 Q. Doctor, do you know where
 10 the organization MD-TV is located?
 11 MR. SILVERMAN: I'm going
 12 to object to the form of the
 13 question. If you understand that
 14 question, you can answer.
 15 THE WITNESS: I think the
 16 principal person from MD-TV is,
 17 himself, from New York.
 18 BY MR. FRIEDMAN:
 19 Q. Doctor, do people who
 20 appear on MD-TV informationals pay MD-TV
 21 to be on there?
 22 A. There is payment for
 23 something.
 24 Q. Doctor, people who pay to

1 be on MD-TV are called consultants to
 2 MD-TV, aren't they?
 3 A. I don't know. Paying to be
 4 on -- I don't know whether it was
 5 related to the air time. I'm not really
 6 sure.
 7 Q. Do you know if a person who
 8 doesn't continue to pay -- do you know
 9 of a professor O'Reilly?
 10 A. O'Reilly? The name does
 11 not ring a bell.
 12 Q. It's a law professor.
 13 A. I can't say that I do.
 14 Q. Did Dr. Barratt, to your
 15 knowledge, contact anybody on behalf of
 16 you, Herbert Nevyas or Nevyas Eye
 17 Associates?
 18 A. Contact anybody?
 19 Q. Yes.
 20 A. Not to my knowledge.
 21 Q. Did Quackwatch contact
 22 anybody on behalf of Nevyas Eye
 23 Associates, you or Herbert Nevyas?
 24 A. I don't know.

1 Q. Did you, Herbert Nevyas or
 2 Nevyas Eye Associates ever threaten any
 3 web site carrier with Dominic Morgan?
 4 A. I don't know.
 5 Q. Did you ever tell patients
 6 who came to your office in Bala Cynwyd
 7 that they needed to have -- or it would
 8 be preferable for them to have their
 9 Lasik eye surgery performed at your New
 10 Jersey facility?
 11 A. Yes.
 12 Q. What were the reasons for
 13 that?
 14 A. If they had a refractive
 15 error, that could be treated by that
 16 equipment and not by the equipment we
 17 had in Bala Cynwyd.
 18 Q. And by that, you mean if
 19 they were farsighted as opposed to
 20 nearsighted?
 21 MR. SILVERMAN: Objection.
 22 You're trying to put words into
 23 the witness' mouth. If you have
 24 a question, ask it.

1 MR. FRIEDMAN: I agree.
 2 BY MR. FRIEDMAN:
 3 Q. Doctor, can you explain
 4 what you meant by refractive error that
 5 would be better treated in New Jersey
 6 than in Bala Cynwyd?
 7 A. We couldn't treat
 8 astigmatism in New Jersey; we could, in
 9 Bala Cynwyd.
 10 Q. Doctor, maybe you
 11 misunderstood me. Patients that came to
 12 the Bala Cynwyd office -- you just said
 13 a moment ago that there were some
 14 patients you referred from Bala Cynwyd
 15 and told them it would be preferable for
 16 them to be treated in New Jersey.
 17 A. Yes.
 18 Q. And then you said you did
 19 that if the refractive error were such
 20 that they would be better treated in New
 21 Jersey than in Bala Cynwyd.
 22 A. Yes, I said that.
 23 Q. My question now is, what
 24 type of refractive error are you talking

1 about?
 2 MR. SILVERMAN: That would
 3 be better treated in New Jersey
 4 than in Bala Cynwyd.
 5 THE WITNESS: Spherical
 6 hyperopia.
 7 BY MR. FRIEDMAN:
 8 Q. Anything else?
 9 A. In the absence of
 10 astigmatism.
 11 Q. And hyperopia is another
 12 word for farsightedness?
 13 A. Yes.
 14 Q. Doctor, you said that there
 15 were meetings of the physicians group
 16 every few weeks, physician group -- I'm
 17 referring to within the Nevyas Eye
 18 Associates. Is that correct?
 19 A. Yes.
 20 Q. At one of those meetings,
 21 was it decided to bring this lawsuit?
 22 MR. SILVERMAN: Objection.
 23 Don't answer that question. That
 24 will encroach on the attorney-

FILED

17 JUN 2009 04:05 pm

Civil Administration

EXHIBIT "D"

DECLARATION OF ROY SHAPIRO:

My name is ROY SHAPIRO and I am General Manager of KYW-AM. The originals of the records attached to this declaration are maintained by KYW-AM in the regular course of its business. The copies attached to this declaration are true and correct to the best of my knowledge and belief and were made by me, or under my direction from the originals. The records are commercial instructions and scripts of advertisements for Nevyas Eye Associates that were broadcast on KYW-AM, 1998 Orders and Invoices for July, August, September, and October 2001. These records were made at or near the time of the dates appearing on them. These records were produced in the ordinary course of business and are kept in the ordinary course of business for KYW-AM. This statement is true and I understand that a false statement is subject to the penalty of 18 Pa. C.S. Section 4904 relating to unsworn falsifications to public officials.

Date: February 1, 2002



ROY SHAPIRO



Nevyas Eye Associates / Delaware Valley Laser Surgery Institute

Ambulatory Surgery Center

FAX COVER SHEET

Herbert J. Nevvas, M.D.
Contacts, Refractive, and
Corneal Surgery

Joann Y. Nevvas, M.D.
Contacts & Glaucoma Surgery
and Therapy

Anita Nevvas-Wallace, M.D.
Contacts, Refractive, and
Corneal Surgery

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Pediatric Ophthalmology
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Richard H. Sterling, O.D.
Interprofessional Relations
Refractive Surgery Coordination

DATE: 2/4/98

TO: Tim Sherry

COMPANY: _____

FAX #: 215-238-4545

FROM: Kristin Larney

NAME: _____

FAX #: (610)668-1509 BALA CYNWYD, PA

NUMBER OF PAGES INCLUDING THIS ONE: 2

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- ① More ~~and~~ pause between opening questions
- ② Emphasize "hurt" not "contacts" 2nd sentence.
- ③ Emphasize "LASER" vision correction
- ④ more pause between nearsighted farsighted + astigmatism.
- ⑤ Spell out LASER at end

ACQ01AAA.PCSD

ARE YOUR GLASSES GETTING IN YOUR WAY? / DO YOUR CONTACTS HURT AT THE
END OF THE DAY? / ARE YOUR GLASSES FOGGY DURING YOUR FAVORITE
ACTIVITIES? / DO YOU HAVE PROBLEMS WITH SAND AT THE BEACH, OR FINDING
YOUR BLANKET WHEN YOU COME OUT OF THE WATER? / TODAY, THESE PROBLEMS
REALLY CAN BE REMEDIED. NEVYAS EYE ASSOCIATES, WITH A TRADITION OF
EXCELLENCE IN EYE SURGERY FOR OVER 30 YEARS, PERFORMS ADVANCED VISION
CORRECTION, INCLUDING LASER VISION CORRECTION, IN THEIR OWN FULLY-
ACCREDITED EYE SURGERY CENTER - THE DELAWARE VALLEY LASER SURGERY
INSTITUTE. THEY ARE EXPERIENCED IN A WIDE RANGE OF ADVANCED
REFRACTIVE SURGERY TECHNIQUES WHICH CORRECT NEARSIGHTEDNESS,
FARSIGHTEDNESS, AND ASTIGMATISM. IF YOU'D ^{Wtd} LIKE TO KNOW MORE ABOUT
FREEDOM FROM GLASSES AND CONTACT LENSES, THEN CALL NEVYAS EYE
ASSOCIATES AT 1-800-9-LASER-6 FOR A FREE EVALUATION AND INFORMATION ON
FINANCING OPTIONS. THAT'S 1-800-9-L A/S/E/R-6 FOR THE MOST MODERN
TECHNIQUES TO INCREASE YOUR VISUAL INDEPENDENCE.

hjn\adkyw 2/4/98

more emphasis on underlined words.

ISSUE DATE 2/5/98

TIME IN TRAFFIC: BEFORE 2PM OR AFTER 2PM

CART NO. #2116

DURATION .60

COMMERCIAL INSTRUCTIONS

CLIENT NAME: Nevya

ORDER NUMBER: 7376

AIR DATE (S): 2/8 T FN

DATE NEEDED: _____

MUSIC BED: YES _____ NO TYPE _____

VOICE: MALE Harry FEMALE _____

NEED CLIENT APPROVAL BEFORE AIRING? YES NO

INSTRUCTIONS Tom:

New script with instructions enclosed.

SALESPERSON: Tim EXT: 4980

FOR ENGINEERING USE ONLY:

TIME RECEIVED BY PRODUCTION: BEFORE 2PM AFTER 2PM

ANNOUNCER: HO ENGINEER: TP

DATE RECORDED: 2/5/98 DAT: 2/8 #1

MUSIC _____

ISSUE DATE _____

TIME IN TRAFFIC: BEFORE 2PM _____ OR AFTER 2PM _____

CART NO. #2821R

DURATION :60

COMMERCIAL INSTRUCTIONS

CLIENT NAME: Nevyas

ORDER NUMBER: 7376

AIR DATE (S): 1/25 T F N

DATE NEEDED: Today 1/20

MUSIC BED: YES _____ NO TYPE _____

VOICE: MALE _____ FEMALE

NEED CLIENT APPROVAL BEFORE AIRING? YES NO _____

INSTRUCTIONS Tom:

Harry agreed to record this 1 more time with an even flowing spot - if this dude doesn't like this, the deal is dead

SALESPERSON: Tim EXT: _____

FOR ENGINEERING USE ONLY:

TIME RECEIVED BY PRODUCTION: BEFORE 2PM _____ AFTER 2PM

ANNOUNCER: W ENGINEER: TD

DATE RECORDED: 1/20/88 DAT: 1/28 #2

MUSIC _____

ISSUE DATE 1/15/98

TIME IN TRAFFIC: BEFORE 2PM _____ OR AFTER 2PM 3:20P

CART NO. #2821R

DURATION :60

COMMERCIAL INSTRUCTIONS

CLIENT NAME: Neryas

ORDER NUMBER: 7376

AIR DATE (S): 1/25 T F N

DATE NEEDED: _____

MUSIC BED: YES _____ NO TYPE _____

VOICE: MALE _____ FEMALE _____

NEED CLIENT APPROVAL BEFORE AIRING? YES NO _____

INSTRUCTIONS Harry or Ed please

Tom: Sorry about this, they had to make changes to the script for the last time

SALESPERSON: Jim EXT: _____

FOR ENGINEERING USE ONLY:

TIME RECEIVED BY PRODUCTION: BEFORE 2PM _____ AFTER 2PM

ANNOUNCER: HD ENGINEER: TP

DATE RECORDED: 1/16/98 DAT: 1/98 #2

MUSIC _____

- I need to play for client by earl Fri. afternoon

14024

ARE YOUR GLASSES GETTING IN THE WAY? DO YOUR CONTACTS HURT AT THE END OF THE DAY? ARE YOUR GLASSES FOGGY DURING YOUR FAVORITE OUTDOOR ACTIVITIES? DO YOU HAVE PROBLEMS WITH SAND AT THE BEACH, OR FINDING YOUR BLANKET WHEN YOU GET OUT OF THE WATER? IF THESE PROBLEMS ARE BOTHERING YOU, THEN YOU SHOULD CALL NEVYAS EYE ASSOCIATES. NEVYAS EYE ASSOCIATES, WITH A TRADITION OF EXCELLENCE IN EYE SURGERY FOR OVER 30 YEARS, PERFORMS ADVANCED VISION CORRECTION, INCLUDING LASER VISION CORRECTION, IN THEIR OWN FULLY-ACCREDITED EYE SURGERY CENTER - THE DELAWARE VALLEY LASER SURGERY INSTITUTE. THEIR DOCTORS ARE NOT ONLY HIGHLY-SKILLED SURGEONS, BUT ARE EXPERIENCED IN A WIDE RANGE OF ADVANCED REFRACTIVE SURGERY TECHNIQUES WHICH CORRECT NEARSIGHTEDNESS, FARSIGHTEDNESS, AND ASTIGMATISM. IF YOU'D LIKE TO KNOW MORE ABOUT FREEDOM FROM GLASSES AND CONTACT LENSES, THEN CALL NEVYAS EYE ASSOCIATES AT 1-800-9-LASER-6 FOR A FREE EVALUATION. THAT'S 1-800-9-L.A.S.E.R-6 FOR THE MOST MODERN TECHNIQUES TO INCREASE YOUR VISUAL INDEPENDENCE.

spell out

...../ANW/KYW.ADV



LOCAL
 NATIONAL
 TRADE
 OTHER
 REVISION
 CANCEL

ACCOUNT EXECUTIVE TS OFFICE _____ ORDER NO. _____
 START DATE 6/21 END DATE 8/31 DATE ORDERED 6/22 PAGE 1 OF 2
 TARGET DEMO _____ CPP/STAT _____ CPP/MKT _____ % SHARE _____

CLIENT Newyas CLIENT # 40783
 ADDR CHANGED? _____
 AGENCY Direct AGENCY # 00001
 ADDR CHANGED? _____
 PRODUCT Medical PROD. CODE 9603
 EST. # _____ CONTACT Kristin Looney TRADE MULTIPLIER _____

CHECK APPLICABLE ITEMS

INSTALLMENT BILLING
 AVERAGE RATE
 SUPPRESS SPOT RATES
 WEEKLY BILLING
 CO-OP
 SEPARATE INVOICES

1998
 Orders
 (Invoices not retrievable)

INTERNAL REMARKS: BB: Newyas Eye Associates
 EXTERNAL REMARKS:

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS/WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR	
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE		
	1	6/21	7/19	2	60	15-22		5	15								5	140	213.04	
NOTE:											A	B	C	D	E	F	G	-	Y	N

ACT	LINE NO.	START	END	ALT	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	TRUE	AVERAGE	SPONSOR		
	3	6/22	7/20	2	60	ACLU AMD	1	3	1							975				
NOTE:											A	B	C	D	E	F	G	-	Y	N

ACT	LINE NO.	START	END	ALT	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	TRUE	AVERAGE	SPONSOR		
	5	6/22	7/20	2	60	ACLU DAR	2	6	2							300				
NOTE:											A	B	C	D	E	F	G	-	Y	N

ACT	LINE NO.	START	END	ALT	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	TRUE	AVERAGE	SPONSOR		
	7	5/16	8/30	2	60	15-22	5	5								5140				
NOTE:											A	B	C	D	E	F	G	-	Y	N

ACT	LINE NO.	START	END	ALT	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	TRUE	AVERAGE	SPONSOR		
	9	8/17	8/31	2	60	ACLU AMD	3	3	1							975				
NOTE:											A	B	C	D	E	F	G	-	Y	N

ACT	LINE NO.	START	END	ALT	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	TRUE	AVERAGE	SPONSOR		
	11	8/17	8/31	2	60	ACLU DAR	4	4	2							300				
NOTE:											A	B	C	D	E	F	G	-	Y	N

TOT # SPTS	TOTAL \$	# WEEKS	SPTS/WK	CHANGED \$	ADD	LOSS	SLS MGR	CTRLR	TRF MGR	INITIALS	DATE	DATE ENTERED
55	11,750	5	11							W		

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR	
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE		
	13	6/22	7/22		2:60	2:00	3:00	3	9	3								25	25	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	
	15	8/17	8/31		2:60	4:00	3	3							25	25	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END		START	END		M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE: A B C D E F G - Y N



- LOCAL
- NATIONAL
- TRADE
- OTHER
- REVISION
- CANCEL

ACCOUNT EXECUTIVE _____ OFFICE _____ ORDER NO. _____
 START DATE _____ END DATE _____ DATE ORDERED 3/7 PAGE _____ OF _____
 TARGET DEMO _____ CPP/STAT _____ CPP/MKT _____ % SHARE _____

CLIENT News CLIENT # _____
 ADDRESS CHANGED? _____ ZIP _____
 AGENCY _____ AGENCY # _____
 ADDRESS CHANGED? _____ ZIP _____
 PRODUCT _____ PROD. CODE _____
 EST. # _____ CONTACT _____ TRADE MULTIPLIER _____

CHECK APPLICABLE ITEMS

- INSTALLMENT BILLING
- AVERAGE RATE
- SUPPRESS SPOT RATES
- WEEKLY BILLING
- CO-OP
- SEPARATE INVOICES
- VENDOR
- NOTARIZED AFFIDAVIT
- NOTARIZED SCRIPT
- MULTI-PRODUCT
- TIMES REQUESTED
- ALL SPONSORSHIPS

SALE TYPE:
 CREDIT CASH IN ADV
 CREDIT APP/CHECK TO BE IN BY _____
 OTHER: _____

INTERNAL REMARKS: _____ EXTERNAL REMARKS: _____

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS/WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR	
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE		
	5		3/10						8											
										A	B	C	D	E	F	G	-	Y	N	

NOTE:

ACT	LINE NO.	START	END	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	RATE	SPONSOR	
A	23	3/23	3/24	60	SPILL AM	2	2	1	1						1000	245	
								A	B	C	D	E	F	G	H	Y	N

NOTE:

ACT	LINE NO.	START	END	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	RATE	SPONSOR	
R	7		3/12				16										
								A	B	C	D	E	F	G	-	Y	N

NOTE:

ACT	LINE NO.	START	END	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	RATE	SPONSOR	
A	25	3/23	3/26	60	10-15	4	4	1	1	1	1				300		
								A	B	C	D	E	F	G	-	Y	N

NOTE:

ACT	LINE NO.	START	END	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	RATE	SPONSOR	
R	9		3/12				16										
								A	B	C	D	E	F	G	-	Y	N

NOTE:

ACT	LINE NO.	START	END	DURATION	TIME PERIOD	SPOTS/WEEK	TOTAL SPOTS	M	T	W	T	F	S	S	RATE	SPONSOR	
A	27	3/23	3/26	60	10-15 MF	4	4	1	1	1	1				350	Y	
								A	B	C	D	E	F	G	-	Y	N

NOTE:

TOT # SPTS	TOTAL \$	# WEEKS	SPTS/AWK	CHANGED \$	INITIALS	DATE	DATE ENTERED
				ADD _____ LOSS _____	SLS MGR _____ CTROLLER _____ TRF MGR _____		

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR	
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE		
	11		3/12						16										546.21	

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	12	3/23 3/26		60	20-24	4	4	M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	13	3/12					16	M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	14	3/23 3/26		10	0901 0900	4	4	M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	15	3/22 3/22						M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	17	3/22 3/22						M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
								M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
								M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
								M T W T F S S		

NOTE:

A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
								M T W T F S S		

NOTE:

A B C D E F G - Y N

- LOCAL
- NATIONAL
- TRADE
- OTHER
- REVISION
- CANCEL

ACCOUNT EXECUTIVE _____ OFFICE _____ ORDER NO. _____
 START DATE _____ END DATE _____ DATE ORDERED 2/13 PAGE _____ OF _____
 TARGET DEMO _____ CPP/STAT _____ CPP/MKT _____ % SHARE _____

CLIENT Newgas CLIENT # _____
 ADDR CHANGED? _____ ZIP _____
 AGENCY _____ AGENCY # _____
 ADDR CHANGED? _____ ZIP _____
 PRODUCT _____ PROD. CODE _____
 EST. # _____ CONTACT _____ TRADE MULTIPLIER _____

CHECK APPLICABLE ITEMS

- INSTALLMENT BILLING
- AVERAGE RATE
- SUPPRESS SPOT RATES
- WEEKLY BILLING
- CO-OP
- SEPARATE INVOICES
- VENDOR
- NOTARIZED AFFIDAVIT
- NOTARIZED SCRIPT
- MULTI-PRODUCT
- TIMES REQUESTED
- ALL SPONSORSHIPS

SALE TYPE:
 CREDIT CASH IN ADV
 CREDIT APP/CHECK TO BE IN BY _____
 OTHER: _____

INTERNAL REMARKS: _____ EXTERNAL REMARKS: New Avg. Rate for Executive Order

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE	
R1			2/8															245.61	

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END					M	T	W	T	F	S	S	TRUE	AVERAGE	
R3			2/8														

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END					M	T	W	T	F	S	S	TRUE	AVERAGE	
R15		3/15	3/15	60	ROT 55 PM	2	2							2	N/C		60

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END					M	T	W	T	F	S	S	TRUE	AVERAGE	
R17		3/15	3/15	60	ROT 55 PM	2	2							2	N/C		60

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END					M	T	W	T	F	S	S	TRUE	AVERAGE	
R5		3/16	3/17	6													

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END					M	T	W	T	F	S	S	TRUE	AVERAGE	
R7		2/16	3/17														

NOTE: _____ A B C D E F G - Y N

TOT # SPTS	TOTAL \$	# WEEKS	SPTS/WK	CHANGED \$	INITIALS	DATE	DATE ENTERED
	No Change						Case ID: 031100946
				ADD _____	SLS MGR		Control No.: 09062101
				LOSS _____	CTRLLR		
					TRF MGR		

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE	

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			
R 218 319																			

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			
A 13 214 319																			

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			
A 19 219 318 60 7-11 28																2	185		

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			
A 21 219 318 60 ROT 55 PM 28																	100		

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			

NOTE:

A B C D E F G - Y N

										M	T	W	T	F	S	S			

NOTE:

A B C D E F G - Y N

- LOCAL
- NATIONAL
- TRADE
- OTHER
- REVISION
- CANCEL

ACCOUNT EXECUTIVE _____ OFFICE _____ ORDER NO. _____
 START DATE _____ END DATE _____ DATE ORDERED _____ PAGE _____ OF _____
 TARGET DEMO _____ CPP/STAT _____ CPP/MKT _____ % SHARE _____

CLIENT Wnews CLIENT # _____
 ADDR CHANGED? _____ ZIP _____
 AGENCY _____ AGENCY # _____
 ADDR CHANGED? _____ ZIP _____
 PRODUCT _____ PROD. CODE _____
 EST. # _____ CONTACT _____ TRADE MULTIPLIER _____

CHECK APPLICABLE ITEMS

- INSTALLMENT BILLING
- AVERAGE RATE
- SUPPRESS SPOT RATES
- WEEKLY BILLING
- CO-OP
- SEPARATE INVOICES
- VENDOR
- NOTARIZED AFFIDAVIT
- NOTARIZED SCRIPT
- MULTI-PRODUCT
- TIMES REQUESTED
- ALL SPONSORSHIPS

SALE TYPE:
 CREDIT CASH IN ADV
 CREDIT APP/CHECK TO BE IN BY _____
 OTHER: _____

INTERNAL REMARKS: _____ EXTERNAL REMARKS: _____

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE	
	1	2/8	3/8																

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	3	2/8								

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	5	2/9								

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	7	2/9								

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	9	2/9								

NOTE: _____ A B C D E F G - Y N

ACT	LINE NO.	BROADCAST DATES	ALT	DURATION	TIME PERIOD	SPOTS /WEEK	TOTAL SPOTS	DAYS	RATE	SPONSOR
	11	2/9								

NOTE: _____ A B C D E F G - Y N

R 13 2/9 3/12

TOT # SPTS	TOTAL \$	# WEEKS	SPTS/WK	CHANGED \$	INITIALS	DATE	DATE ENTERED
	No			ADD _____ LOSS _____	SLS MGR _____ CTRLR _____ TRF MGR _____		Case ID: 031100946 Control No.: 09062101

LOCAL
 NATIONAL
 TRADE
 OTHER

ACCOUNT EXECUTIVE _____ OFFICE _____ ORDER NO. _____

START DATE 1/25 END DATE 2/26 DATE ORDERED 1/8 PAGE _____ OF _____

REVISION
 CANCEL

TARGET DEMO _____ CPP/STAT _____ CPP/MKT _____ % SHARE _____

CLIENT Neyras Eye Associates CLIENT # [Redacted]

ADDR CHANGED? 2 Bala Plaza
Bala Cynwyd, PA ZIP 19004

AGENCY Direct AGENCY # 00001

ADDR CHANGED? _____ ZIP _____

PRODUCT Medical PROD. CODE 3603

EST. # _____ CONTACT Dr. Richard Sferling TRADE MULTIPLIER _____

CHECK APPLICABLE ITEMS

INSTALLMENT BILLING
 AVERAGE RATE
 SUPPRESS SPOT RATES
 WEEKLY BILLING
 CO-OP
 SEPARATE INVOICES
 VENDOR
 NOTARIZED AFFIDAVIT
 NOTARIZED SCRIPT
 MULTI-PRODUCT
 TIMES REQUESTED
 ALL SPONSORSHIPS

SALE TYPE:
 CREDIT CASH IN ADV
 CREDIT APP/CHECK TO BE IN BY _____
 OTHER: _____

INTERNAL REMARKS: _____ EXTERNAL REMARKS: _____

BB: Neyras Eye Associates

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS/WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR	
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE		
	1	1/25	2/22		60	600	1100	2	10								2	180	254.54	

NOTE: _____ A B C D E F G - Y N

	2	1/25	2/22		60	ROT 55 PM		2	10								2	100		
--	---	------	------	--	----	-----------	--	---	----	--	--	--	--	--	--	--	---	-----	--	--

NOTE: _____ A B C D E F G - Y N

	5	1/26	2/24		60	SPL L AMD		2	10	1	1							1000		
--	---	------	------	--	----	-----------	--	---	----	---	---	--	--	--	--	--	--	------	--	--

NOTE: _____ A B C D E F G H I X N

	7	1/26	2/26		60	10-15		4	20	1	1	1	1					300		
--	---	------	------	--	----	-------	--	---	----	---	---	---	---	--	--	--	--	-----	--	--

NOTE: _____ A B C D E F G - Y N

	9	1/26	2/26		60	AMD MF		4	20	1	1	1	1					350		
--	---	------	------	--	----	--------	--	---	----	---	---	---	---	--	--	--	--	-----	--	--

NOTE: _____ A B C D E F G - Y N

	11	1/26	2/26		60	20-24		4	20	1	1	1	1					90		
--	----	------	------	--	----	-------	--	---	----	---	---	---	---	--	--	--	--	----	--	--

NOTE: _____ A B C D E F G - Y N

TOT # SPTS	TOTAL \$	# WEEKS	SPTS/WK	CHANGED \$	ADD _____	LOSS _____	SLS MGR	CTRLER	TRF MGR	INITIALS	DATE	DATE ENTERED
110	28,000	5	22							[Signature]		Case ID: 031100946

ACT	LINE NO.	BROADCAST DATES		ALT	DURATION	TIME PERIOD		SPOTS /WEEK	TOTAL SPOTS	DAYS							RATE		SPONSOR	
		START	END			START	END			M	T	W	T	F	S	S	TRUE	AVERAGE		
	13	1/26	3/26		60	0001	0500	4	20	1	1	1	1					20	234.54	

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

										M	T	W	T	F	S	S		

NOTE: A B C D E F G - Y N

COMMERCIAL INSTRUCTIONS

ISSUE DATE: _____

TIME IN TRAFFIC: BEFORE 2PM _____ AFTER 2PM _____

CART NUMBER: 608

DURATION: 60

CLIENT NAME: Nevyas (Revised)

ORDER NUMBER: 8854

AIR DATE(S): 7/21 TFW

DATE NEEDED: _____

MUSIC BED: YES: _____ NO: _____ TYPE: _____

VOICE: MALE: _____ FEMALE: _____

NEED CLIENT APPROVAL BEFORE AIRING? YES: NO: _____

CASSETTE NEEDED: YES: NO: _____

INSTRUCTIONS: Tom: 1st highlighted sentence is female, the rest is male (N. Kazy?) please tell Steve to emphasize ~~the~~ underlined words. If you'll excuse me, I'm going to hang myself because of this client

BB: _____

SALESPERSON: Tim EXT.: _____

FOR ENGINEERING USE ONLY

TIME RECEIVED BY PRODUCTION: BEFORE 2PM AFTER 2PM _____

APPROVED BY: _____ ENGINEER _____

DATE RECORDED: _____ DAY _____

KYW NEWS RADIO 1060

ALL NEWS. ALL THE TIME.

101 SOUTH INDEPENDENCE MALL EAST
PHILADELPHIA, PA 19106
TELEPHONE (215) 238-4700

14938

Female

02

YOU CAN READ CLEARLY NOW WITHOUT YOUR GLASSES! ARE YOU OVER 40? ALWAYS REACHING FOR GLASSES? GIVE NEVYAS EYE ASSOCIATES JUST THREE SECONDS. NEVYAS EYE ASSOCIATES, THE DELAWARE VALLEY'S QUALITY REFRACTIVE SURGICAL PRACTICE HAS DONE IT AGAIN. FOR THE PAST YEAR, THEY HAVE BEEN THE ONLY PRACTICE IN THE PHILADELPHIA AREA TO OFFER THE NEW SUNRISE LTK LASER SYSTEM FOR THE TREATMENT OF FARSIGHTEDNESS AND PRESBYOPIA IN PEOPLE OVER 40. PRESBYOPIA IS THE AGE-RELATED DIFFICULTY IN FOCUSING FOR NEAR. NEVYAS'S REFRACTIVE SURGEONS SOLVE THIS COMMON PROBLEM WITH THE NEW LTK PROCEDURE THAT IS EFFECTIVE, AND AFFORDABLE. THIS REMARKABLE TECHNIQUE IS ONE OF THE SAFEST SINCE IT IS A NO TOUCH PROCEDURE. NO INSTRUMENT EVER CUTS YOUR EYE. WHAT'S EVEN MORE AMAZING IS THIS NEW LASER PROCEDURE TAKES LESS THAN 3 SECONDS OF LASER TIME PER EYE! CALL TODAY TO SCHEDULE YOUR FREE PERSONAL CONSULTATION WITH ONE OF THEIR REFRACTIVE SURGEONS, DR. HERBERT NEVYAS OR DR. ANITA NEVYAS-WALLACE. CALL 1-800-9LASER 6. YOU CAN AGAIN READ CLEARLY! THAT'S 1-800-9-LASER6.



Case ID: 031100946
Control No.: 09062101

KYW NEWS RADIO 1060

ALL NEWS. ALL THE TIME.

101 SOUTH INDEPENDENCE MALL EAST
PHILADELPHIA, PA 19106
TELEPHONE (215) 238-4700

58

~~Female~~

~~YOU CAN READ CLEARLY NOW WITHOUT YOUR GLASSES! ARE YOU~~
OVER 40? ALWAYS REACHING FOR GLASSES? GIVE NEVYAS EYE
ASSOCIATES JUST THREE SECONDS. NEVYAS EYE ASSOCIATES, THE
DELAWARE VALLEY'S QUALITY REFRACTIVE SURGICAL PRACTICE HAS
~~DONE IT AGAIN. FOR THE PAST YEAR, THEY HAVE BEEN THE ONLY~~
PRACTICE IN THE PHILADELPHIA AREA TO OFFER THE NEW SUNRISE
LTK LASER SYSTEM FOR THE TREATMENT OF FARSIGHTEDNESS AND
PRESBYOPIA IN PEOPLE OVER 40. PRESBYOPIA IS THE AGE-RELATED
DIFFICULTY IN FOCUSING FOR NEAR. NEVYAS'S REFRACTIVE
SURGEONS SOLVE THIS COMMON PROBLEM WITH THE NEW LTK
PROCEDURE THAT IS EFFECTIVE, AND AFFORDABLE. THIS
REMARKABLE TECHNIQUE IS ONE OF THE SAFEST SINCE IT IS A NO
TOUCH PROCEDURE. NO INSTRUMENT EVER CUTS YOUR EYE. WHAT'S
EVEN MORE AMAZING IS THIS NEW LASER PROCEDURE TAKES LESS
THAN 3 SECONDS OF LASER TIME PER EYE! CALL TODAY TO SCHEDULE
YOUR FREE PERSONAL CONSULTATION WITH ONE OF THEIR
REFRACTIVE SURGEONS, DR. HERBERT NEVYAS OR DR. ANITA NEVYAS-
WALLACE. CALL 1-800-9LASER 6. YOU CAN AGAIN READ CLEARLY!
THAT'S 1-800-9-LASER6.



COMMERCIAL INSTRUCTIONS

ISSUE DATE: _____
TIME IN TRAFFIC: BEFORE 2PM _____ AFTER 1 PM _____
CART NUMBER _____
DURATION _____

CLIENT NAME Nevyas
ORDER NUMBER News 9952
AIR DATE(S) 10/6 TFW
DATE NEEDED _____
MUSIC BED: YES _____ NO _____ TYPE _____
VOICE: MALE _____ FEMALE _____
NEED CLIENT APPROVAL BEFORE AIRING? YES _____ NO _____
CASSETTE NEEDED: YES _____ NO _____

INSTRUCTIONS: Same copy
#768 - 60
102 - 10

BB: _____
SALESPERSON _____ EXT. _____

FOR ENGINEERING USE ONLY

TIME RECEIVED BY PRODUCTION: BEFORE 2PM _____ AFTER 2PM _____

MANAGER: _____ ENGINEER: _____

DATE RECORDED _____ BY: _____

COMMERCIAL INSTRUCTIONS

ISSUE DATE: _____

TIME IN TRAFFIC: BEFORE 2PM _____ AFTER 2PM _____

CART NUMBER: _____

DURATION: _____

CLIENT NAME: Nevyas CKK
9-7-01

ORDER NUMBER: New 9645

AIR DATE(S): 9/8 TFW

DATE NEEDED: _____

MUSIC BED: YES: _____ NO: _____ TYPE: _____

VOICE: MALE: _____ FEMALE: _____

NEED CLIENT APPROVAL BEFORE AIRING? YES: _____ NO: _____

CASSETTE NEEDED: YES: _____ NO: _____

INSTRUCTIONS: Same :60 as ~~August~~ July/August

#768

BB: _____

SALESPERSON: _____ EXT.: _____

FOR ENGINEERING USE ONLY

TIME RECEIVED BY PRODUCTION: BEFORE 2PM _____ AFTER 2PM _____

ENGINEER: _____ ENGINEER: _____

DATE RECORDED: _____

COMMERCIAL INSTRUCTIONS

ISSUE DATE: _____

TIME IN TRAFFIC: BEFORE 2PM _____ AFTER 2PM _____

CART NUMBER: 768

DURATION: 60

CLIENT NAME: Newyaz

KK
7-26-01

ORDER NUMBER: 8854 + 9177

AIR DATE(S): 7/28 TFN

DATE NEEDED: _____

MUSIC BED: YES: _____ NO: _____ TYPE: _____

VOICE: MALE: _____ FEMALE: _____

NEED CLIENT APPROVAL BEFORE AIRING? YES: NO: _____

CASSETTE NEEDED: YES: NO: _____

INSTRUCTIONS: Tom:

No female needed,
but please tell Harry to really
emphasize underlined words.

BB: Love,

SALESPERSON: Timothy EXT.: _____

FOR ENGINEERING USE ONLY

TIME RECEIVED BY PRODUCTION: BEFORE 2PM: AFTER 2PM: _____

APPROVED BY: _____ ENGINEER: _____

DATE DESIGNED: _____ DATE REVISION: _____

KYW NEWS RADIO 1060
 ALL NEWS. ALL THE TIME.
 Philadelphia, PA
 (215) 238-4916

Please Remit To:
 KYW-AM
 21256 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 15171
 KYW-AM Philadelphia, PA

INVOICE DATE: 7/31/01
 PAGE: 1 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9177
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVIAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: \$2,160.34 **BY:** 8/15/01

KYW Times for 7/28/01-7/29/01 Times are approximate within 15 minutes.

Day/Date	Time	Len	Rate	Product	Comments
Sa 7/28 A	08:53	60	\$154.31		
Sa 7/28 G	09:22	10	\$154.31		
	tag:	0		SPONSORSHIP	
Sa 7/28 A	14:35	60	\$154.31		
Sa 7/28 G	15:22	10	\$154.31		
	tag:	0		SPONSORSHIP	
Sa 7/28 A	16:35	60	\$154.31		
Sa 7/28 H	21:22	10	\$154.31		
	tag:	0		SPONSORSHIP	2001 invoices
Sa 7/28 B	21:47	60	\$154.31		
Sa 7/28 H	22:22	10	\$154.31		
	tag:	0		SPONSORSHIP	
Su 7/29 A	17:43	60	\$154.31		
Su 7/29 B	20:41	60	\$154.31		
Su 7/29 L	21:35	60	\$154.31		
Su 7/29 B	22:11	60	\$154.31		
Su 7/29 B	23:11	60	\$154.31		
Su 7/29 L	23:27	60	\$154.31		

Product summary:	Tag	Units	Gross
(blank)	.....	10	\$1,543.10
(blank)	SPONSORSHIP	4	\$617.24

Contract #0009177 7/28/01 to 7/29/01

A:	7/29	4	60's @ \$154.31	\$617.24
B:	7/29	4	60's @ \$154.31	\$617.24
G:	7/28	2	TRAFFIC	\$308.62
H:	7/28	2	TRAFFIC	\$308.62
L:	7/29	2	UPGRADE	\$308.62
Total Charge:				\$2,160.34
BALANCE OF INVOICE #15171				\$2,160.34

1333

Always reaching for your glasses?

It doesn't have to be that way. In just 3 seconds, you could be reading without glasses.

Nevyas Eye Associates is the Delaware Valley's quality refractive surgical practice, with skill and experience in the widest range of advanced techniques.

For the past ^{they} year, ~~we~~ have been the only practice in the Philadelphia area to offer the new LTK laser system.

With LTK, ^{Nevyas's} ~~our~~ refractive surgeons solve the common problems of farsightedness and needing glasses for reading.

This remarkable LTK technique is one of the safest since it is a NO TOUCH procedure. No instrument ever touches your eye. What's even more amazing is this new laser procedure takes less than 3 seconds of laser time per eye! Call today to schedule your free consultation with your personal refractive surgeons, Dr. Herbert Nevyas and Dr. Anita Nevyas-Wallace.

^{Call} ~~That's~~ 1-800 9 LASER 6. Stop reaching for your glasses! Call 1-800 9 L-A-S-E-R 6.

↑ spell out

HJM/ltkadver
6/26/01, 6/27/01.
7/20/01, 7/24/01

glasses
technique
laser
set up

Tim SHERRY

COMMERCIAL INSTRUCTIONS

ISSUE DATE: _____

TIME IN TRAFFIC: BEFORE 2PM _____ AFTER 2PM _____

CART NUMBER: _____

DURATION: _____

LFK
9-10-01

CLIENT NAME: Nerys

ORDER NUMBER: 9649

AIR DATE(S): 9/11 T F N

DATE NEEDED: _____

MUSIC BED: YES: _____ NO: _____ TYPE: _____

VOICE: MALE: _____ FEMALE: _____

NEED CLIENT APPROVAL BEFORE AIRING? YES: _____ NO: _____

CASSETTE NEEDED: YES: _____ NO: _____

INSTRUCTIONS: Please run enclosed :10
use spot #102

BB: _____

SALESPERSON: [Signature] EXT: _____

FOR ENGINEERING USE ONLY

TIME RECEIVED BY PRODUCTION: BEFORE 2PM _____ AFTER 2PM _____

ANNOUNCER: _____ ENGINEER: _____

DATE RECEIVED: _____

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 ALL NEWS. ALL THE TIME.
 Philadelphia, PA
 (215) 238-4916

Please Remit To:
 KYW-AM
 21266 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 15421

KYW-AM Philadelphia, PA
 INVOICE DATE: 8/15/01
 PAGE: 1 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9177
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: \$8,949.98 **BY:** 8/30/01

KYW Times for 7/30/01-8/8/01

Times are approximate within 15 minutes.
 Product Comments

Day/Date	Time	Len	Rate	Product	Comments
Mn 7/30	F 01:51	60	\$154.31		
Mn 7/30	F 03:28	60	\$154.31		
Mn 7/30	C 08:36	60	\$154.31		
Mn 7/30	D 10:57	60	\$154.31		
Mn 7/30	J 12:22	10	\$154.31		
	tag:	0		SPONSORSHIP	
Mn 7/30	J 19:22	10	\$154.31		
	tag:	0		SPONSORSHIP	
Mn 7/30	E 23:17	60	\$154.31		
Tu 7/31	F 03:27	60	\$154.31		
Tu 7/31	F 04:27	60	\$154.31		
Tu 7/31	I 06:12	10	\$154.31		
	tag:	0		SPONSORSHIP	
Tu 7/31	I 07:22	10	\$154.31		
	tag:	0		SPONSORSHIP	
Tu 7/31	C 08:53	60	\$154.31		
Tu 7/31	D 17:06	60	\$154.31		
Tu 7/31	E 20:47	60	\$154.31		
Tu 7/31	K 22:52	10	\$154.31		
	tag:	0		SPONSORSHIP	
We 8/01	F 00:49	60	\$154.31		
We 8/01	J 13:52	10	\$154.31		
	tag:	0		SPONSORSHIP	
We 8/01	D 15:57	60	\$154.31		
We 8/01	J 17:18	10	\$154.31		
	tag:	0		SPONSORSHIP	
We 8/01	D 19:13	60	\$154.31		
We 8/01	K 21:42	10	\$154.31		
	tag:	0		SPONSORSHIP	
We 8/01	E 23:43	60	\$154.31		
Sa 8/04	M 08:17	60	\$154.31		
Sa 8/04	A 09:11	60	\$154.31		
Sa 8/04	M 10:11	60	\$154.31		
Sa 8/04	A 15:35	60	\$154.31		
Sa 8/04	N 20:27	60	\$154.31		
Sa 8/04	B 21:36	60	\$154.31		

Please Remit To:
 KYW-AM
 21256 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 15421

KYW-AM Philadelphia, PA
 INVOICE DATE: 8/15/01
 PAGE: 2 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9177
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: \$8,949.98 **BY:** 8/30/01

Day/Date	Time	Len	Rate	Product	Comments
3a 8/04	B 22:11	60	\$154.31		
3a 8/04	B 23:11	60	\$154.31		
8/05	A 09:53	60	\$154.31		
8/05	A 13:27	60	\$154.31		
3u 8/05	B 20:36	60	\$154.31		
3u 8/05	L 21:43	60	\$154.31		
Su 8/05	L 22:51	60	\$154.31		
Su 8/05	L 23:57	60	\$154.31		
Mn 8/06	F 01:57	60	\$154.31		
Mn 8/06	I 06:12	10	\$154.31		
	tag: 0			SPONSORSHIP	
Mn 8/06	D 12:27	60	\$154.31		
Mn 8/06	J 15:52	10	\$154.31		
	tag: 0			SPONSORSHIP	
Mn 8/06	D 17:11	60	\$154.31		
Mn 8/06	E 22:47	60	\$154.31		
Mn 8/06	K 23:42	10	\$154.31		
	tag: 0			SPONSORSHIP	
Tu 8/07	F 00:28	60	\$154.31		
Tu 8/07	F 02:06	60	\$154.31		
Tu 8/07	C 06:28	60	\$154.31		
Tu 8/07	C 07:36	60	\$154.31		
Tu 8/07	I 08:42	10	\$154.31		
	tag: 0			SPONSORSHIP	
Tu 8/07	J 13:52	10	\$154.31		
	tag: 0			SPONSORSHIP	
Tu 8/07	E 23:13	60	\$154.31		
We 8/08	F 01:06	60	\$154.31		
We 8/08	F 03:27	60	\$154.31		
We 8/08	D 12:51	60	\$154.31		
We 8/08	J 14:18	10	\$154.31		
	tag: 0			SPONSORSHIP	
We 8/08	D 15:17	60	\$154.31		
We 8/08	J 18:18	10	\$154.31		
	tag: 0			SPONSORSHIP	
We 8/08	E 21:57	60	\$154.31		

Please Remit To:
 KYW-AM
 21256 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 15421

KYW-AM Philadelphia, PA
 INVOICE DATE: 8/15/01
 PAGE: 3 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9177
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004



PAY THIS AMOUNT:	BY:
\$8,949.98	8/30/01

Day/Date	Time	Len	Rate	Product	Comments
We 8/08	K 22:52	10	\$154.31		
	tag:	0		SPONSORSHIP	

Product summary:

	Taq	Units	Gross
(blank)	.....	42	\$6,481.02
(blank)	SPONSORSHIP	16	\$2,468.96

Contract #0009177 7/30/01 to 8/8/01

A:	8/05	4	60's @ \$154.31	\$617.24
B:	8/05	4	60's @ \$154.31	\$617.24
C:	8/07	4	60's @ \$154.31	\$617.24
			<5:00-10:00>	
D:	8/08	8	60's @ \$154.31	\$1,234.48
E:	8/08	6	60's @ \$154.31	\$925.86
F:	8/08	10	60's @ \$154.31	\$1,543.10
I:	8/07	4	TRAFFIC	\$617.24
			<6:00-10:00>	
J:	8/08	8	TRAFFIC	\$1,234.48
K:	8/08	4	TRAFFIC	\$617.24
L:	8/05	3	UPGRADE	\$462.93
M:	8/04	2	UPGRADE	\$308.62
N:	8/04	1	UPGRADE	\$154.31
Total Charge:				\$8,949.98
BALANCE OF INVOICE #15421				\$8,949.98

KYW NEWS RADIO 1060
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 Philadelphia, PA
 (215) 238-4916

Please Remit To:
 KYW-AM
 21256 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 16530

KYW-AM Philadelphia, PA
 INVOICE DATE: 9/30/01
 PAGE: 1 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9645
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: \$7,074.88 **BY:** 10/15/01

KYW Times for 9/8/01-9/24/01

Times are approximate within 15 minutes.

Day/Date	Time	Len	Rate	Product	Comments
Sa 9/08 A	06:13	60	\$221.09		
Sa 9/08 A	10:11	60	\$221.09		
Sa 9/08 B	20:05	60	\$221.09		
Su 9/09 A	10:27	60	\$221.09		
Su 9/09 B	20:05	60	\$221.09		
Su 9/09 B	21:05	60	\$221.09		
Mn 9/10 C	07:17	60	\$221.09		
Mn 9/10 D	11:47	60	\$221.09		
Mn 9/10 E	17:17	60	\$221.09		
Mn 9/10 E	18:06	60	\$221.09		
Mn 9/10 F	21:27	60	\$221.09		
Mn 9/10 F	23:27	60	\$221.09		
Tu 9/11 G	00:21	60	\$221.09		
Tu 9/11 G	01:58	60	\$221.09		
Tu 9/11 L	03:52	10	\$221.09		
Tu 9/11 H	08:22	10	\$221.09		
Tu 9/11 I	10:22	10	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
Tu 9/11 D	12:05	60	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
Tu 9/11 E	17:41	60	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
Tu 9/11 K	22:22	10	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
Tu 9/11 F	22:57	60	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
We 9/12 G	02:41	60	\$221.09		Missed; Missed/News Stor Will make up on9/14/01
We 9/12 G	03:28	60	\$221.09		Missed; Missed/News Stor Will make up on9/14/01
We 9/12 D	14:05	60	\$221.09		Missed; Missed/News Stor Will make up on9/14/01
We 9/12 J	17:18	10	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
We 9/12 E	18:06	60	\$221.09		Missed; Missed/News Stor Will make up on9/14/01

SPONSORSHIP

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Please Remit To:
 KYW-AM
 21266 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 16530

KYW-AM Philadelphia, PA
 INVOICE DATE: 9/30/01
 PAGE: 2 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9645
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVIAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: \$7,074.88 **BY:** 10/15/01

Day/Date	Time	Len	Rate	Product	Comments
We 9/12	F 20:57	60	\$221.09		Missed; Missed/News Stor Will make up on 9/13/01
We 9/12	K 23:22 tag: 0	10	\$221.09	SPONSORSHIP	Missed; Missed/News Stor Will make up on 9/13/01
Th 9/13	L 01:22 tag: 0	10	\$221.09	SPONSORSHIP	Missed; Missed/News Stor
Th 9/13	H 06:18 tag: 0	10	\$221.09	SPONSORSHIP	Missed; Missed/News Stor
Th 9/13	I 11:52 tag: 0	10	\$221.09	SPONSORSHIP	
Th 9/13	D 12:57	60	\$221.09		Missed; Missed/News Stor Makegood from 9/11/01
Th 9/13	I 13:42 tag: 0	10	\$221.09	SPONSORSHIP	Makegood from 9/11/01
Th 9/13	J 16:18 tag: 0	10	\$221.09	SPONSORSHIP	Makegood from 9/12/01
Th 9/13	J 16:51	60	\$221.09		Makegood from 9/11/01
Th 9/13	E 18:27	60	\$221.09		Makegood from 9/12/01
Th 9/13	F 19:57	60	\$221.09		Makegood from 9/11/01
Th 9/13	F 21:27	60	\$221.09		Makegood from 9/11/01
Th 9/13	K 22:18	10	\$221.09		Makegood from 9/11/01
Th 9/13	K 23:42 tag: 0	10	\$221.09	SPONSORSHIP	Makegood from 9/12/01
Fr 9/14	G 01:54	60	\$221.09		Makegood from 9/12/01
Fr 9/14	G 02:58	60	\$221.09		Makegood from 9/12/01
Fr 9/14	D 11:36	60	\$221.09		Makegood from 9/12/01
Fr 9/14	E 15:05	60	\$221.09		Makegood from 9/12/01
Mn 9/24	L 02:52 tag: 0	10	\$221.09	SPONSORSHIP	Makegood from 9/13/01
Mn 9/24	H 06:42 tag: 0	10	\$221.09	SPONSORSHIP	Makegood from 9/13/01
Mn 9/24	D 13:27	60	\$221.09		Makegood from 9/14/01

Product summary:	Tag	Units	Gross
(blank)	.....	26	\$5,748.34
(blank)	SPONSORSHIP	6	\$1,326.54

KYW NEWS RADIO 1060
 ALL NEWS. ALL THE TIME.
 Philadelphia, PA
 (215) 238-4916

Please Remit To:
 KYW-AM
 21256 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 16530
 KYW-AM Philadelphia, PA

INVOICE DATE: 9/30/01
 PAGE: 3 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9645
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT:	BY:
\$7,074.88	10/15/01

Contract #0009645 9/8/01 to 9/24/01

A:	9/09	3	60's @	\$221.09	\$663.27
B:	9/09	3	60's @	\$221.09	\$663.27
C:	9/10	1	60 @	\$221.09	\$221.09
D:	9/24	3	60's @	\$221.09	\$663.27
E:	9/14	4	60's @	\$221.09	\$884.36
F:	9/13	4	60's @	\$221.09	\$884.36
G:	9/14	4	60's @	\$221.09	\$884.36
H:	9/24	2	TRAFFIC		\$442.18
I:	9/13	2	TRAFFIC		\$442.18
J:	9/13	2	TRAFFIC		\$442.18
K:	9/13	2	TRAFFIC		\$442.18
L:	9/24	2	TRAFFIC		\$442.18
Total Charge:					\$7,074.88
BALANCE OF INVOICE #16530					\$7,074.88

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INVOICE NUMBER: 16530

KYW-AM Philadelphia, PA
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 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: \$7,074.88 **BY:** 10/15/01

KYW Times for 9/8/01-9/24/01

Times are approximate within 15 minutes.
 Product Comments

Day/Date	Time	Len	Rate	Product	Comments
3a 9/08 A	06:13	60	\$221.09		
9/08 A	10:11	60	\$221.09		
9/08 B	20:05	60	\$221.09		
9/09 A	10:27	60	\$221.09		
9/09 B	20:05	60	\$221.09		
9/09 B	21:05	60	\$221.09		
9/10 C	07:17	60	\$221.09		
9/10 D	11:47	60	\$221.09		
9/10 E	17:17	60	\$221.09		
9/10 E	18:06	60	\$221.09		
9/10 F	21:27	60	\$221.09		
9/10 F	23:27	60	\$221.09		
9/11 G	00:21	60	\$221.09		
9/11 G	01:58	60	\$221.09		
9/11 L	03:52	10	\$221.09		
9/11 H	08:22	10	\$221.09		
9/11 I	10:22	10	\$221.09		
9/11 D	12:05	60	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
9/11 E	17:41	60	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
9/11 K	22:22	10	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
9/11 F	22:57	60	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
9/12 G	02:41	60	\$221.09		Missed; Missed/News Stor Will make up on9/14/01
9/12 G	03:28	60	\$221.09		Missed; Missed/News Stor Will make up on9/14/01
9/12 D	14:05	60	\$221.09		Missed; Missed/News Stor Will make up on9/14/01
9/12 J	17:18	10	\$221.09		Missed; Missed/News Stor Will make up on9/14/01
9/12 E	18:06	60	\$221.09		Missed; Missed/News Stor Will make up on9/13/01
	tag: 0			SPONSORSHIP	Missed; Missed/News Stor Will make up on9/14/01

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 KYW-AM Philadelphia, PA

INVOICE DATE: 9/30/01
 PAGE: 2 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9645
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: \$7,074.88 **BY:** 10/15/01

Day/Date	Time	Len	Rate	Product	Comments
We 9/12 F	20:57	60	\$221.09		Missed; Missed/News Stor
Th 9/12 K	23:22	10	\$221.09		Will make up on 9/13/01
	tag: 0			SPONSORSHIP	
Th 9/13 L	01:22	10	\$221.09		Missed; Missed/News Stor
	tag: 0			SPONSORSHIP	
Th 9/13 H	06:18	10	\$221.09		Missed; Missed/News Stor
	tag: 0			SPONSORSHIP	
Th 9/13 I	11:52	10	\$221.09		Missed; Missed/News Stor
	tag: 0			SPONSORSHIP	
Th 9/13 D	12:57	60	\$221.09		Missed; Missed/News Stor
Th 9/13 I	13:42	10	\$221.09		Makegood from 9/11/01
	tag: 0			SPONSORSHIP	Makegood from 9/11/01
Th 9/13 J	16:18	10	\$221.09		Makegood from 9/12/01
	tag: 0			SPONSORSHIP	
Th 9/13 J	16:51	60	\$221.09		
Th 9/13 E	18:27	60	\$221.09		Makegood from 9/11/01
Th 9/13 F	19:57	60	\$221.09		Makegood from 9/12/01
Th 9/13 F	21:27	60	\$221.09		Makegood from 9/11/01
Th 9/13 K	22:18	10	\$221.09		Makegood from 9/11/01
Th 9/13 K	23:42	10	\$221.09		Makegood from 9/12/01
	tag: 0			SPONSORSHIP	
Fr 9/14 G	01:54	60	\$221.09		Makegood from 9/12/01
Fr 9/14 G	02:58	60	\$221.09		Makegood from 9/12/01
Fr 9/14 D	11:36	60	\$221.09		Makegood from 9/12/01
Fr 9/14 E	15:05	60	\$221.09		Makegood from 9/12/01
Mn 9/24 L	02:52	10	\$221.09		Makegood from 9/13/01
	tag: 0			SPONSORSHIP	
Mn 9/24 H	06:42	10	\$221.09		Makegood from 9/13/01
	tag: 0			SPONSORSHIP	
Mn 9/24 D	13:27	60	\$221.09		Makegood from 9/14/01

Product summary:	Tag	Units	Gross
(blank)	26	\$5,748.34
(blank)	SPONSORSHIP	6	\$1,326.54

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INVOICE NUMBER: 16530

KYW-AM Philadelphia, PA
 INVOICE DATE: 9/30/01
 PAGE: 3 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9645
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT:	BY:
\$7,074.88	10/15/01

Contract #0009645 9/8/01 to 9/24/01

A:	9/09	3	60's @	\$221.09	\$663.27
B:	9/09	3	60's @	\$221.09	\$663.27
C:	9/10	1	60 @	\$221.09	\$221.09
D:	9/24	3	60's @	\$221.09	\$663.27
E:	9/14	4	60's @	\$221.09	\$884.36
F:	9/13	4	60's @	\$221.09	\$884.36
G:	9/14	4	60's @	\$221.09	\$884.36
H:	9/24	2	TRAFFIC		\$442.18
I:	9/13	2	TRAFFIC		\$442.18
J:	9/13	2	TRAFFIC		\$442.18
K:	9/13	2	TRAFFIC		\$442.18
L:	9/24	2	TRAFFIC		\$442.18
Total Charge:					\$7,074.88
BALANCE OF INVOICE #16530					\$7,074.88

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 21256 Network Place
 Chicago, IL 60673-1212

INVOICE NUMBER: 16788

KYW-AM Philadelphia, PA
 INVOICE DATE: 10/16/01
 PAGE: 1 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9952
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: **BY:**

KYW Times for 10/6/01-10/11/01

Times are approximate within 15 minutes.
 Product Comments

Day/Date	Time	Len	Rate	Product	Comments
Sa 10/06	A 15:06	60	\$125.00		
Pa 10/06	D 20:06	60	\$75.00		
Sa 10/06	D 21:06	60	\$75.00		
Su 10/07	C 07:36	60	\$250.00		
Su 10/07	B 13:05	60	\$150.00		
Su 10/07	D 20:06	60	\$75.00		
Mn 10/08	I 07:53	60	\$10.00		
	tag: 0			SPONSORSHIP	
Mn 10/08	F 10:06	60	\$325.00		
Mn 10/08	K 11:18	10	\$150.00		
	tag: 0			SPONSORSHIP	
Mn 10/08	G 16:58	60	\$515.00		
Mn 10/08	M 20:52	10	\$35.00		
	tag: 0			SPONSORSHIP	
Mn 10/08	H 21:21	60	\$85.00		
Tu 10/09	N 01:22	10	\$5.00		
	tag: 0			SPONSORSHIP	
Tu 10/09	J 06:18	10	\$475.00		
	tag: 0			SPONSORSHIP	
Tu 10/09	I 07:06	60	\$10.00		
	tag: 0			SPONSORSHIP	
Tu 10/09	E 08:21	60	\$1,100.00		
Tu 10/09	F 11:36	60	\$325.00		
Tu 10/09	K 14:18	10	\$150.00		
	tag: 0			SPONSORSHIP	
Tu 10/09	L 16:18	10	\$240.00		
	tag: 0			SPONSORSHIP	
Tu 10/09	G 16:51	60	\$515.00		
Tu 10/09	H 22:21	60	\$85.00		
We 10/10	N 01:22	10	\$5.00		
	tag: 0			SPONSORSHIP	
We 10/10	I 06:27	60	\$10.00		
	tag: 0			SPONSORSHIP	
We 10/10	J 07:42	10	\$475.00		
	tag: 0			SPONSORSHIP	
We 10/10	F 13:36	60	\$325.00		

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Please Remit To:
 KYW-AM
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INVOICE NUMBER: 16788
 KYW-AM Philadelphia, PA

INVOICE DATE: 10/16/01
 PAGE: 2 TYPE: Complete
 ACCOUNT: 63378
 CONTRACT: 9952
 PRODUCT:

Salesperson: Tim Sherry
 Income Account: Local Direct

NEVYAS EYE ASSOCIATES
 2 BALA PLAZA
 BALA CYNWYD, PA 19004

PAY THIS AMOUNT: **BY:**

Day/Date	Time	Len	Rate	Product	Comments
We 10/10 G	15:17	60	\$515.00		
We 10/10 L	16:22	10	\$240.00		
	tag:	0		SPONSORSHIP	
We 10/10 H	22:47	60	\$85.00		
We 10/10 M	23:52	10	\$35.00		
	tag:	0		SPONSORSHIP	
Th 10/11 I	08:41	60	\$10.00		
	tag:	0		SPONSORSHIP	
Th 10/11 G	16:58	60	\$515.00		
Th 10/11 H	21:27	60	\$85.00		

Product summary:

	Tag	Units	Gross
(blank)	.....	18	\$5,225.00
(blank)	SPONSORSHIP	14	\$1,850.00

1402

ARE YOUR GLASSES GETTING IN THE WAY? DO YOUR CONTACTS HURT AT THE END OF THE DAY? ARE YOUR GLASSES FOGGY DURING YOUR FAVORITE OUTDOOR ACTIVITIES? DO YOU HAVE PROBLEMS WITH SAND AT THE BEACH, OR FINDING YOUR BLANKET WHEN YOU GET OUT OF THE WATER? IF THESE PROBLEMS ARE BOTHERING YOU, THEN YOU SHOULD CALL NEVYAS EYE ASSOCIATES. NEVYAS EYE ASSOCIATES, WITH A TRADITION OF EXCELLENCE IN EYE SURGERY FOR OVER 30 YEARS, PERFORMS ADVANCED VISION CORRECTION, INCLUDING LASER VISION CORRECTION, IN THEIR OWN FULLY-ACCREDITED EYE SURGERY CENTER - THE DELAWARE VALLEY LASER SURGERY INSTITUTE. THEIR DOCTORS ARE NOT ONLY HIGHLY-SKILLED SURGEONS, BUT ARE EXPERIENCED IN A WIDE RANGE OF ADVANCED REFRACTIVE SURGERY TECHNIQUES WHICH CORRECT NEARSIGHTEDNESS, FARSIGHTEDNESS, AND ASTIGMATISM. IF YOU'D LIKE TO KNOW MORE ABOUT FREEDOM FROM GLASSES AND CONTACT LENSES, THEN CALL NEVYAS EYE ASSOCIATES AT 1-800-9-LASER-6 FOR A FREE EVALUATION. THAT'S 1-800-9-L.A.S.E.R-6 FOR THE MOST MODERN TECHNIQUES TO INCREASE YOUR VISUAL INDEPENDENCE.

↑
spell out

...../ANW/KYW.ADV

AC001AAA.PCSD

ARE YOUR GLASSES GETTING IN YOUR WAY? / DO YOUR CONTACTS HURT AT THE
END OF THE DAY? / ARE YOUR GLASSES FOGGY DURING YOUR FAVORITE
ACTIVITIES? / DO YOU HAVE PROBLEMS WITH SAND AT THE BEACH, OR FINDING
YOUR BLANKET WHEN YOU COME OUT OF THE WATER? / TODAY, THESE PROBLEMS
REALLY CAN BE REMEDIED. NEVYAS EYE ASSOCIATES WITH A TRADITION OF
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CORRECTION, INCLUDING LASER VISION CORRECTION, IN THEIR OWN FULLY-
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FREEDOM FROM GLASSES AND CONTACT LENSES, THEN CALL NEVYAS EYE
ASSOCIATES AT 1-800-9-LASER-6 FOR A FREE EVALUATION AND INFORMATION ON
FINANCING OPTIONS. THAT'S 1-800-9-L.A.S./E./R-6 FOR THE MOST MODERN
TECHNIQUES TO INCREASE YOUR VISUAL INDEPENDENCE.

hjn\adkyw 2/4/98

more emphasis on underlined words.

January 10, 2002

Steven A. Friedman, Esquire
850 West Chester Pike, 1st Floor
Havertown, PA 19083

RE: Dominic Morgan v. Dr. Nevyas-Wallace, et al

Dear Mr. Friedman:

Enclosed please find true and correct copies of the following Motions of Defendant, Anita Nevyas-Wallace, M.D., the originals of which has been filed with the Court in the above-captioned matter:

1. Motion in Limine to Preclude Plaintiff from Introducing any KYW Documents regarding any Advertisements which Took Place after April, 1998;
2. Motion in Limine to Preclude Plaintiff from Introducing any Evidence regarding the Status of the FDA's Approval or Classification of the Laser involved in Plaintiff's Surgery;
3. Motion in Limine to Preclude Plaintiff from Introducing the 1999 Informational LASIK Video;
4. Motion in Limine to Preclude Plaintiff from Introducing Cumulative Evidence

Any Answers or Answering Memoranda must be filed within five (5) days of the date of this letter or no later than January 15, 2003.

Very truly yours,


ABBIE R. NEWMAN

ARN:lcr
Enc.

cc w/enc: Andrew Lapat, Esquire
Kathleen Kramer, Esquire

FILED

17 JUN 2009 04:05 pm

Civil Administration

EXHIBIT "E"

ORIGINAL

1

2

MDTV MEDICAL NEWS NOW

3

LASIK SURGERY

4

5

6

7

8

Tracription of above-titled videotape by

9

Lisa C. Bradley, Registered Professional Reporter

10

and Notary Public.

11

12

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14

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21

22

VINCENT VARALLO ASSOCIATES, INC.

23

Registered Professional Reporters

24

Eleven Penn Center

25

1835 Market Street, Suite 600

Philadelphia, Pennsylvania 19103

(215) 561-2220



Vincent Varallo Associates, Inc.

Case ID: 031100946

Control No.: 09062101

1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	ANNOUNCER: MDTV Medical News Now is an	00:00:00
3	informational program only and can't be construed as	00:00:04
4	medical advice. The guests on the program are not	00:00:06
5	actors and are not paid for their appearance. This	00:00:10
6	program may be deemed medically graphic so viewer	00:00:16
7	discretion is advised.	
8	---	
9	MS. MURPHY-STARK: Since the dawn of the	
10	first formal vision corrective aid, around 1000	00:00:20
11	A.D., through the early stages of eye glasses in the	00:00:20
12	1600s and the birth of contact lenses in the 1950s,	00:00:24
13	poor eyesight has been addressed through treatment	00:00:30
14	of the symptoms rather than the cause. Today,	00:00:30
15	advances in technology and greater knowledge allow	00:00:34
16	doctors to go to the root of the problem by	00:00:36
17	correcting the eye itself.	00:00:38
18	During the next half hour, we'll examine	00:00:40
19	the latest procedure in laser vision correction	00:00:42
20	known as LASIK and tell you how it works. We'll	00:00:44
21	also speak with two board certified ophthalmologists	00:00:48
22	from Philadelphia and southern New Jersey with	00:00:52
23	extensive experience in LASIK laser vision	00:00:52
24	correction.	00:00:56
25	If you've ever dreamed of throwing away	00:00:56



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	your glasses or contact lenses, stay tuned. MDTV	00:00:58
3	Medical News Now is next.	00:01:02
4		
5	MS. MURPHY-STARK: I'm Pat Murphy-Stark.	00:01:32
6	Welcome to MDTV Medical News Now, a program	
7	dedicated to bringing you leaders in the field of	00:01:38
8	health care that are in your hometown. Our show	00:01:40
9	strives to give you the latest information about new	00:01:42
10	technics and treatments in the field of medicine.	00:01:46
11	Refractive surgery is the general term	00:01:48
12	referring to the surgical reshaping of the cornea to	00:01:52
13	correct poor vision. The cornea is the clear dome	00:01:56
14	on the front of the eye which provides about 80	00:01:58
15	percent of the eye's focussing power. The most	00:02:00
16	recent advancement in laser refractive surgery is	00:02:02
17	LASIK. Here, the ophthalmic surgeon gently lifts	00:02:06
18	the protective outer layer of the cornea from the	00:02:08
19	side to create a corneal flap. This is folded back	00:02:10
20	to allow a computer-guided laser called the excimer	00:02:14
21	laser to instantly reshape the inner corneal tissue,	00:02:18
22	correcting the focussing of light in the eye.	00:02:20
23	According to experts, more than 1 million laser	00:02:24
24	correction procedures were performed last year.	00:02:26
25	With us now is MDTV medical expert, Dr.	00:02:28



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 Herbert Nevyas. Dr. Nevyas is a pioneer in vision 00:02:34

3 correction with more than 20 years performing 00:02:36

4 refractive surgery. He is a technological leader in 00:02:38

5 the field of ophthalmic surgery and will be sharing 00:02:40

6 his perspective on how we've reached this level of 00:02:44

7 treatment. 00:02:46

8 Welcome to the program, Doctor. 00:02:46

9 DR. NEVYAS: Thank you, Pat. 00:02:48

10 MS. MURPHY-STARK: Now, the idea of 00:02:50

11 correcting a person's vision so they no longer need 00:02:50

12 glasses or contact lenses is really incredible. How 00:02:54

13 did we get to the point from simply being able to 00:02:58

14 treat the symptoms to fixing the problem? 00:03:04

15 DR. NEVYAS: Well, I think we owe it all

16 to technology. We have been the beneficiary of so 00:03:04

17 many new developments that came from the Space Age, 00:03:08

18 that came from the Cold War, that came from Star 00:03:12

19 Wars. Between computer advances and laser advances, 00:03:16

20 we've come to the point where we can do things we 00:03:20

21 couldn't have imagined some years ago. I know I'm 00:03:22

22 amazed really every day as I go about my work and I 00:03:26

23 obtain a perfect picture of the cornea showing each 00:03:28

24 elevation greatly magnified computerized by using a 00:03:34

25 special computerized measuring device which tells us 00:03:38



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 the elevations. And then we go ahead and we use an 00:03:40
3 excimer laser which is computer controlled so that 00:03:46
4 each pulse is in precisely the right place. And 00:03:48
5 this is all due to advances in technical aspects 00:03:50
6 which we couldn't have imagine many years ago. 00:03:54

7 MS. MURPHY-STARK: Now, we've learned 00:03:56
8 about several of the refractive procedures that came 00:03:58
9 before the LASIK. But there are other procedures 00:04:02
10 that are just as common as LASIK, they just don't 00:04:04
11 get as much of the media hype. Could you address 00:04:04
12 some of those and tell us their place? 00:04:08

13 DR. NEVYAS: Sure. These include things
14 like refractive lensectomy where we can take the 00:04:12
15 lens of the eye out and put in a plastic lens which 00:04:14
16 has been gauged to exactly the right power to give 00:04:22
17 us the refractive correction we wish. We can also 00:04:22
18 put little pieces of plastic into the cornea. These 00:04:26
19 can give us small corrections. We can use RK, which 00:04:30
20 is not dead, it's still used, and AK. These are 00:04:34
21 incisional refractive procedures for myopia and 00:04:36
22 astigmatism which are quite useful, particularly in 00:04:40
23 patients who are older and give us more correction 00:04:44
24 for a given amount of incision. 00:04:46

25 MS. MURPHY-STARK: Now, I understand 00:04:48



Vincent Varallo Associates, Inc.

1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	that you have come from a family of	00:04:50
3	ophthalmologists.	00:04:52
4	DR. NEVYAS: Well, I guess we sort of	
5	created a family of ophthalmologists. In addition	00:04:54
6	to myself, my wife is an ophthalmic surgeon. My	00:04:56
7	daughter, showing not too much originality, has gone	00:05:02
8	into ophthalmology and does ophthalmic surgery, and	00:05:04
9	particularly refractive surgery as I do. And she	
10	met an ophthalmologist in residency and he does	00:05:10
11	ophthalmic plastic surgery. We all work together in	00:05:12
12	the same group with six other ophthalmologists.	00:05:16
13	MS. MURPHY-STARK: You must be very	00:05:20
14	proud of daughter.	00:05:20
15	DR. NEVYAS: Oh, I certainly am. I've	
16	been very proud of many things she's done. I was	00:05:22
17	proud of her when she first came out of high school	00:05:24
18	and became an university scholar at the University	00:05:26
19	of Pennsylvania, which means she was admitted to	00:05:28
20	medical school and undergraduate school	00:05:32
21	simultaneously. I was proud that she went into the	00:05:34
22	same residency program where I had gone at the	00:05:36
23	University of Pennsylvania. And I'm very proud of	00:05:40
24	her often when I go to medical meetings. Anita has	00:05:42
25	done many things. She has really been -- it's hard	00:05:48



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 for me to realize she's been an ophthalmic surgeon 00:05:48

3 for 15 years, but she's made many developments. And 00:05:52

4 I have too. And yet it's often happened when I sit 00:05:54

5 around a luncheon table at a meeting either in other 00:05:56

6 parts of the country or abroad, someone will look at 00:06:00

7 my badge and say, "Nevyas, are you related to Anita 00:06:02

8 Nevyas-Wallace?" And that, needless to say, makes 00:06:06

9 me very happy. 00:06:10

10 MS. MURPHY-STARK: Oh, that's terrific.

11 Well, thank you, Dr. Nevyas, for being here today. 00:06:12

12 DR. NEVYAS: Thank you, Pat. 00:06:14

13 MS. MURPHY-STARK: We spoke to Dr. Anita 00:06:16

14 Nevyas-Wallace in her Bala Cynwyd office. Here's 00:06:16

15 what she had to say about the increasing popularity 00:06:20

16 of LASIK surgery. 00:06:22

17 DR. NEVYAS-WALLACE: The reason LASIK is 00:06:24

18 so popular now is because it can provide people with 00:06:26

19 correction that they had never imagined possible. 00:06:30

20 What people are excited about is that they see a 00:06:32

21 change so quickly and that many cases it's something 00:06:38

22 that they dreamt of for years and years and now 00:06:40

23 suddenly they can see. It's remarkable. With 00:06:44

24 LASIK, the correction is prompt and comfortable. 00:06:48

25 Most patients are perfectly comfortable the night of 00:06:54



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	surgery or feel just a slight foreign body	00:06:56
3	sensation, just a little scratchiness, but no big	00:07:02
4	deal. With previous operations, again, there was	00:07:04
5	never the accuracy that we're able to get with the	00:07:06
6	laser and yet its atraumatic. And that has people	00:07:10
7	excited that they can go in on Thursday and be back	00:07:14
8	to work on Saturday no longer wearing glasses.	00:07:16
9	Their friends are excited, their families are	00:07:22
10	excited. It's an amazing thing.	00:07:24
11	MS. MURPHY-STARK: When we come back,	00:07:28
12	we'll speak with Dr. Anita Nevyas-Wallace in our	00:07:30
13	studio. We'll learn how the excimer laser works and	00:07:32
14	examine the safety of the LASIK procedure. We'll	00:07:34
15	also hear from patients firsthand about how the	00:07:38
16	procedure has given them a new perspective on life.	00:07:40
17	We'll be right back.	00:07:44
18		
19	ANNOUNCER: To learn more about LASIK	00:07:44
20	laser vision correction or to find out if you are a	00:07:46
21	candidate for LASIK, you can reach Nevyas Eye	00:07:48
22	Associates toll free at 800-9-LASER-6. That's (800)	00:07:50
23	952-7376.	
24	COMMERCIAL: There are millions of	00:08:10
25	reasons to fly today. Only one that matters to you.	00:08:14



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	At Delta Airlines it is our pleasure to get you to	00:08:20
3	the place you want to be. Delta Airlines, on top of	00:08:24
4	the world.	00:08:30
5	COMMERCIAL: At 6 a.m. they begin to	00:08:34
6	arrive from cities around the world.	00:08:36
7	Heads of major corporations share their	00:08:38
8	vision.	00:08:42
9	Their strategy.	00:08:42
10	If these leaders were visiting a nation,	00:08:44
11	it would be called a global economic summit.	00:08:46
12	When they arrive at Fidelity...	00:08:52
13	It's called just another day at the	00:08:54
14	office. Just one of the ways we uncover	00:08:56
15	opportunities to help you make the most of your	00:08:58
16	money.	00:09:00
17	ANNOUNCER: To learn more about LASIK	00:07:44
18	laser vision correction or to find out if you are a	00:07:46
19	candidate for LASIK, you can reach Nevyas Eye	00:07:48
20	Associates toll free at 800-9-LASER-6. That's (800)	00:07:50
21	952-7376.	
22	- - -	00:09:18
23	MS. MURPHY-STARK: Welcome back to MDTV.	00:09:18
24	Medical News Now. Our topic today is the correction	00:09:20
25	of nearsightedness, farsightedness and astigmatism	00:09:22



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	through a procedure called LASIK laser vision	00:09:30
3	correction.	00:09:30
4	With more about LASIK and the technology	00:09:30
5	behind it is medical reporter Sean Doran and today's	00:09:32
6	MDTV medical moment.	00:09:38
7	MR. DORAN: LASIK or laser vision	00:09:40
8	correction is a procedure that owes its phenomenal	00:09:42
9	success rate to two factors: The skill of the	00:09:46
10	surgeon and a computer-controlled laser developed in	
11	1979 by IBM for the production of silicone computer	00:09:52
12	chips. It's called the excimer laser, and today is	00:09:54
13	used to correct poor vision. Here's how:	00:09:58
14	The first step in LASIK laser vision	00:10:00
15	correction is to analyze the irregularities of the	00:10:02
16	eye. This is accomplished through corneal	00:10:04
17	topography. The automated equipment measures the	00:10:08
18	eye according to several thousand points and creates	00:10:10
19	a topographical map of the cornea's shape. This	00:10:12
20	information is fed into a computer and will be used	00:10:18
21	to guide the laser. Next, the ophthalmic surgeon	00:10:18
22	uses a device called a microkeratome to create a	00:10:22
23	protective corneal flap. The flap is folded over,	00:10:26
24	exposing the inner corneal tissue. Now, the surgeon	00:10:28
25	uses the excimer laser to precisely sculp the inner	00:10:34



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 cornea.

3 While most surgical lasers burn tissue, 00:10:36

4 the excimer laser uses a cool ultraviolet beam that 00:10:38

5 dissolves the bonds between molecules in the cells 00:10:42

6 gently painlessly reshaping the cornea. And because 00:10:44

7 this refractive ablation takes place on the inner 00:10:48

8 cornea, the accuracy of the correction far exceeds 00:10:48

9 that of all previous procedures. 00:10:52

10 Any questions or comments, please call 00:10:54

11 toll free 1-877-MDTVNOW. That is, 1-877-638-8669. 00:10:56

12 MS. MURPHY-STARK: We're joined now by 00:11:08

13 Dr. Anita Nevyas-Wallace, a board certified 00:11:12

14 ophthalmologist. Dr. Nevyas-Wallace has taught at 00:11:12

15 her alma mater, the University of Pennsylvania 00:11:16

16 School of Medicine in addition to her faculty 00:11:16

17 appointment at the Medical College of Pennsylvania. 00:11:20

18 She has performed thousands of LASIK procedures in 00:11:24

19 the Delaware Valley and has operated internationally 00:11:24

20 as an invited guest surgeon and recognized innovator 00:11:28

21 in the field of refractive surgery. 00:11:34

22 Doctor, welcome to the show. 00:11:36

23 DR. NEVYAS-WALLACE: Thank you so much, 00:11:38

24 Pat. It's good to be here. 00:11:38

25 MS. MURPHY-STARK: Now, the technology 00:11:40



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 that we saw in the LASIK procedure is really 00:11:42

3 incredible, and I'm sure it would have to be because 00:11:42

4 it's such a delicate procedure. But how safe really 00:11:42

5 is LASIK? 00:11:46

6 DR. NEVYAS-WALLACE: LASIK is very safe. 00:11:46

7 In fact, statistics show that Nationwide 98 percent 00:11:50

8 of patients experience significant improvement of 00:11:54

9 their vision. Now, I aspire to a hundred percent, 00:11:58

10 but a lot of factors come into play in determining 00:12:00

11 safety. For one thing, the need to be sure that a 00:12:02

12 person is really an excellent candidate for this 00:12:04

13 surgery. For another, the technology itself, the 00:12:10

14 laser and the microkeratome are very important. And 00:12:12

15 the surgeon, the surgeon learned hands, level of 00:12:16

16 skill and experience, mindset are crucial. 00:12:18

17 MS. MURPHY-STARK: Now, Doctor, you 00:12:20

18 mentioned a good candidate for this procedure. Who 00:12:22

19 is a good candidate? 00:12:26

20 DR. NEVYAS-WALLACE: Well, a person who 00:12:26

21 is nearsighted or farsighted or has astigmatism can 00:12:28

22 be treated. Now, if a person is nearsighted, we

23 fold the flap back and use the laser to flatten the 00:12:34

24 central cornea. In a person who's farsighted after 00:12:36

25 the flap is folded back, the laser is being use to 00:12:40



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	steepen the central cornea to correct	00:12:42
3	farsightedness. And in astigmatism, we're	00:12:46
4	flattening one meridian so that the cornea which was	00:12:48
5	shaped more like a football can now be shaped more	00:12:52
6	like a basketball.	00:12:54
7	MS. MURPHY-STARK: Doctor, what are some	00:12:56
8	of the risks associated with the procedure and how	00:12:58
9	do you minimize them?	00:13:00
10	DR. NEVYAS-WALLACE: Well, the first	00:13:00
11	risk that we worry about anywhere in the body is the	00:13:02
12	risk of infection. But realize, Pat, that you stand	00:13:04
13	a greater chance of getting an infection from	00:13:08
14	wearing contact lenses than with LASIK. The other	00:13:10
15	risks that we worry about are glaring halo symptoms.	00:13:14
16	Now, I tell everyone to expect that in the first	00:13:18
17	week, but usually it goes away after the first week.	00:13:22
18	If it somehow doesn't, there are drops we can use	00:13:24
19	that will bring the pupils a little smaller and a	00:13:28
20	person can use those for night driving until that	00:13:28
21	symptom goes away. The other risk, if you could	00:13:32
22	call that, is the risk that either the nearsighted	00:13:36
23	or the astigmatism could be a little over-corrected	00:13:38
24	or little under-corrected. If that happens, what we	00:13:42
25	do is we lift the flap and do a little bit more	00:13:46



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 lasering to fine tune just to bring that person to 00:13:46

3 exactly where he wants to be. 00:13:50

4 Now, to minimize those risks, well, the 00:13:52

5 number 1 to minimize them, of course, is that the 00:13:56

6 surgery be intimately familiar with the procedure 00:13:58

7 and with the technology. You want somebody with 00:14:00

8 experience. Also to minimize them, especially the 00:14:04

9 risk of infection, you want a sterile operating 00:14:08

10 room. Now, that may sound like a given, but 00:14:12

11 sometimes the surgery is done in a non-sterile 00:14:14

12 condition, sometimes in a carpeted room in an office 00:14:16

13 rather than a real operating room. The other thing 00:14:20

14 that I think is important is a special particle-free 00:14:22

15 environment because you really don't want particles 00:14:28

16 under that flap. 00:14:28

17 MS. MURPHY-STARK: Now, along with this 00:14:30

18 technology that is being used, how important still, 00:14:32

19 though, are the surgeon's hands? 00:14:34

20 DR. NEVIAS-WALLACE: Oh, the surgeon's 00:14:36

21 hands are crucial. The technology is only the tool. 00:14:36

22 It's the surgeon who does the surgery. You could be 00:14:40

23 a skier and have the best skis in the world, but if 00:14:44

24 you don't actually know how to ski, you could have a 00:14:48

25 very disappointing result. 00:14:52



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 MS. MURPHY-STARK: Thank you, Doctor. 00:14:54

3 Joining us now is Andrew Kessler, an 00:14:56

4 attorney from Pennsylvania and a LASIK patient. 00:14:58

5 Andrew, welcome to the show. 00:15:02

6 MR. KESSLER: Thank you, Pat. 00:15:04

7 MS. MURPHY-STARK: Why did you decide to 00:15:04

8 have a LASIK procedure. 00:15:08

9 MR. KESSLER: Well, I lead a relatively

10 active lifestyle. In addition to being a father, 00:15:08

11 I'm a skier and a tennis player and I like to spend, 00:15:08

12 obviously, skiing a lot of times outdoors. Coming 00:15:12

13 indoors from outdoors in the winter, anyone who 00:15:16

14 wears glasses has had the experience of having the

15 condensation on their glasses. And just being able 00:15:22

16 to be in the ocean doing the things that I want to 00:15:24

17 do, glasses were an inconvenience. 00:15:28

18 MS. MURPHY-STARK: Now, with any

19 surgery, we all know that there is some risk 00:15:30

20 involved. When you approach this, how did you weigh 00:15:30

21 the benefits against the risk? 00:15:34

22 MR. KESSLER: Well, obviously, what I 00:15:36

23 was looking at was the opportunity to not have to 00:15:38

24 wear glasses anymore. But primarily, I looked at 00:15:40

25 all the potential operations that were available and 00:15:44



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 I've been looking for a lot of years. I had the 00:15:48
3 benefit of being the son of an optometrist. So for 00:15:52
4 about the last 15 years, I've been looking for some 00:15:54
5 way to avoid wearing my glasses. At some point, it 00:15:56
6 was made known to me that there was this LASIK 00:16:00
7 procedure which has a very high level of success and 00:16:02
8 for which I was a very good candidate. 00:16:06

9 MS. MURPHY-STARK: Now, after being 00:16:08
10 through this procedure, what do you think? 00:16:10

11 MR. KESSLER: I'm ecstatic. I'm also 00:16:12
12 grateful to Dr. Nevyas-Wallace. Since I had the 00:16:16
13 procedure, I am corrected vision free. 00:16:18

14 MS. MURPHY-STARK: So very happy with 00:16:20
15 the procedure? 00:16:22

16 MR. KESSLER: I am thrilled.

17 MS. MURPHY-STARK: Doctor, in what other 00:16:24
18 ways have you seen how this surgery can really help 00:16:26
19 people's lives? 00:16:28

20 DR. NEVYAS-WALLACE: Well, one thing I 00:16:28
21 hear over and over again from parents is that they 00:16:30
22 want to be able to see where their children are in a 00:16:32
23 swimming pool and in the ocean, and that when they 00:16:36
24 come out of the ocean, they'd like to be able to 00:16:38
25 find their family. I've heard from people who while 00:16:40



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	they were in the ocean wanted to be able to be	00:16:44
3	certain they were swimming toward the shore rather	00:16:46
4	than away from it.	00:16:48
5	MS. MURPHY-STARK: That's a good --	00:16:52
6	DR. NEVYAS-WALLACE: Important.	00:16:54
7	MS. MURPHY-STARK: Doctor, in what other	00:16:54
8	ways have you seen this procedure affect people's	00:16:56
9	lives?	00:16:56
10	DR. NEVYAS-WALLACE: It affects the	00:16:56
11	careers they pursue, it affects the way they can	
12	spend their recreation time. It opens a whole new	00:17:02
13	world to people who no longer need to wear glasses	00:17:04
14	or contact lenses.	00:17:08
15	MS. MURPHY-STARK: Well, thank you,	00:17:10
16	Andrew, for being here and sharing your experience	00:17:10
17	with us.	00:17:12
18	MR. KESSLER: You're welcome.	00:17:14
19	MS. MURPHY-STARK: When we return, we'll	00:17:14
20	spea.k more with Dr. Nevyas-Wallace and to an	00:17:16
21	optometrist about LASIK laser vision correction.	00:17:16
22	We'll also hear from a well-known radio personality	00:17:20
23	in Philadelphia about why he enjoys clearer vision	00:17:24
24	without corrective aid. We'll be right back.	00:17:26
25		



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	ANNOUNCER: To learn more about LASIK	00:07:44
3	laser vision correction or to find out if you are a	00:07:46
4	candidate for LASIK, you can reach Nevyas Eye	00:07:48
5	Associates toll free at 800-9-LASER-6. That's (800)	00:07:50
6	952-7376.	
7	COMMERCIAL: See the world run. Run,	00:17:50
8	world, run. Run. See Texaco run. Visualize.	00:17:58
9	Hypothesize. Explore. And relentlessly search and	00:18:02
10	find the energy the world needs to run. Run, world,	00:18:06
11	run. Texaco, a world of energy.	00:18:12
12	COMMERCIAL: There's a company out there	00:18:16
13	in the business of moving things. It's not a	00:18:18
14	trucking company. It's not a shipping company. It	00:18:22
15	doesn't carry packages overnight. It's a company in	00:18:24
16	the business of moving ideas, via long distance,	00:18:28
17	wireless, video, Internet, directories and local	00:18:34
18	telephone lines. What's the name of the company?	00:18:36
19	Well, it begins with G and it ends with GTE.	00:18:40
20	ANNOUNCER: To learn more about LASIK	00:07:44
21	laser vision correction or to find out if you are a	00:07:46
22	candidate for LASIK, you can reach Nevyas Eye	00:07:48
23	Associates toll free at 800-9-LASER-6. That's (800)	00:07:50
24	952-7376.	
25		



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	MS. MURPHY-STARK: Welcome back to MDTV	00:19:02
3	Medical News Now. Refractive surgery became popular	00:19:04
4	with the emergence of radial keratotomy or RK to	00:19:08
5	correct nearsightedness also known as myopia. RK,	00:19:12
6	however, only corrected low amounts of myopia and	00:19:16
7	seemed to weaken the cornea resulting in	00:19:18
8	farsightedness or hyperopia. Automated lamellar	00:19:20
9	keratectomy or ALK soon followed. But because	00:19:24
10	adjustments to the cornea were done mechanically,	00:19:28
11	the refractive correction was very limited.	00:19:32
12	Photorefractive keratectomy, also called PRK	00:19:34
13	addressed these limitations by using the extremely	00:19:36
14	precise excimer laser and treated broad ranges of	00:19:40
15	focal abnormalities. LASIK is the latest in the	
16	evolution of refractive surgery and incorporates the	
17	best of ALK and PRK.	00:19:50
18	Dr. Anita Nevyas-Wallace joins us as a	00:19:52
19	guest medical expert. Dr. Nevyas-Wallace is a	00:19:54
20	Fellow of the American Academy of Ophthalmology and	00:19:58
21	an award-winning member of the American Society of	00:20:00
22	Cataract and Refractive Surgery for innovative work	00:20:02
23	in her field.	
24	Doctor, what type of recovery is	00:20:08
25	involved with LASIK and how soon before someone	00:20:08



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	notices a difference?	00:20:12
3	DR. NEVYAS-WALLACE: Well, patients	00:20:14
4	sometimes notice improvement the very first day of	00:20:16
5	surgery. But I tell my patients not to expect	00:20:16
6	significant improvement until the next morning when	00:20:22
7	they get up. Improvement continues from there. We	00:20:26
8	consider the eye to be fully healed at three months,	00:20:28
9	but usually a person has excellent vision long, long	00:20:30
10	before that.	00:20:34
11	MS. MURPHY-STARK: Will the corrected	00:20:36
12	vision last forever once it's done?	00:20:36
13	DR. NEVYAS-WALLACE: Yes, Pat, it will.	00:20:40
14	And I base that opinion on a 40-year track record	00:20:42
15	that we have with this type of surgery. Now, we	00:20:48
16	weren't doing LASIK 40 years ago, but we were doing	00:20:48
17	an operation called keratomileusis in which the	00:20:52
18	cornea was reshaped, not with a laser, mechanically.	00:20:52
19	And there are patients alive today who had that	00:20:56
20	procedure done 40 years ago. They've done	00:21:00
21	beautifully. The correction has lasted. Their	00:21:02
22	vision has remained excellent.	00:21:04
23	MS. MURPHY-STARK: Thank you, Doctor.	00:21:06
24	We're now joined by Dr. Tammy Schuler,	00:21:08
25	an optometrist and LASIK patient.	00:21:08



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	Dr. Schuler, welcome to the program.	00:21:12
3	DR. SCHULER: Thank you.	00:21:16
4	MS. MURPHY-STARK: Now, as an	00:21:16
5	optometrist and someone who has had LASIK performed,	00:21:18
6	what kind of leg work do you recommend to people	00:21:18
7	when researching deciding whether they should get	00:21:22
8	this done and by whom?	00:21:24
9	DR. SCHULER: Usually when patients are	00:21:26
10	interested in refractive procedures, I recommend	00:21:28
11	that they look for a surgeon that they feel	00:21:30
12	comfortable with and also one that has experience.	00:21:34
13	You'd like to know that the physician will be	00:21:38
14	experienced to handle any facet of the procedure	00:21:42
15	that may or may not go as planned. You also want to	00:21:46
16	make sure they take everything importantly, every	
17	step of the procedure important. Also, you want to	00:21:58
18	be comfortable with the person who does it because	00:22:02
19	you will have concerns, both from a vision	00:22:06
20	standpoint and also from an anxiety standpoint.	00:22:10
21	MS. MURPHY-STARK: And how did you feel	00:22:14
22	about your results?	00:22:14
23	DR. SCHULER: I'm very, very pleased.	00:22:16
24	From the moment that I had the procedure done, I was	00:22:18
25	20/20, and I experienced very, very little	00:22:20



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 discomfort. I was told that I could anticipate a 00:22:26

3 little bit glare or glare at night because I have a 00:22:30

4 large pupil size. This, actually, I did experience 00:22:36

5 glare at night. However, it was never hindering 00:22:40

6 because my vision was clear. It was almost as if I 00:22:42

7 was looking out during a rain storm driving. And so 00:22:48

8 I'm very pleased with it. After about three months, 00:22:52

9 it totally dissipated. It's now gone. 00:22:56

10 MS. MURPHY-STARK: Well, thank you for

11 being here with us, Dr. Schuler.

12 DR. SCHULER: Thank you. 00:23:04

13 MS. MURPHY-STARK: If you have perfect 00:23:04

14 vision, it's very easy to take it for granted. 00:23:06

15 Sports radio personality, Glenn Macnow recently had

16 his vision corrected and takes nothing for granted. 00:23:08

17 His story is the focus on today's MDTV patient 00:23:12

18 profile. 00:23:16

19 MR. MACNOW: Well, here we are again at 00:23:20

20 the end of another season and another season has 00:23:20

21 ended in failure for our teams. You know, it's been 00:23:22

22 since 1983 that Philadelphia has had a championship 00:23:24

23 any of the sports. We have not had a victory parade 00:23:28

24 down Broad Street since when? You take somebody 00:23:32

25 who's 21 years old, they were what? Oh, five years 00:23:36



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 old the last time Philadelphia won a title. It's 00:23:38

3 not fair. 00:23:42

4 I'm one of these people who can't see

5 the hand in front of the face when it's two feet in

6 front. I wore glasses up until my 30s. I wore 00:23:50

7 contacts after that. I hated it. I hated breaking 00:23:54

8 the glasses. I hated cleaning the lenses. I hated 00:23:56

9 not being able to see in the morning until I put the 00:23:58

10 glasses on. I couldn't even read the clock. 00:23:58

11 When I came to Nevyas, what I really 00:24:02

12 liked is I didn't feel as if they were sales people 00:24:04

13 and they weren't trying to push me into it. They 00:24:08

14 explained everything that was going to happen 00:24:12

15 step-by-step. I must have asked them 6,000 00:24:14

16 questions. They never got tired of my questions. I 00:24:18

17 probably had a lot of stupid questions. They never 00:24:20

18 made me feel stupid about them. They were very 00:24:24

19 gentle, for lack of a better word. I mean, they 00:24:26

20 figuratively held my hand through a procedure, which 00:24:32

21 I was a little bit nervous. 00:24:34

22 I'm still amazed that I go to a football 00:24:36

23 game, I go see the Philadelphia Eagles and I'm up in 00:24:40

24 the press box, I'm talking 200 yards away on the 00:24:40

25 other side of the field is the head coach and I can 00:24:46



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 see what he's saying and I can make out who he's 00:24:48

3 talking to and I can see forever. And that really 00:24:52

4 has amazed me because I didn't know. 00:24:56

5 I'll tell you something else. This, 00:24:58

6 again, may sound corny. Colors are brighter than 00:25:00

7 they were. I used see the leaves on the trees. I 00:25:04

8 used see the distance as sort of a shading of 00:25:08

9 colors. Now I see the leaves on the trees and it's 00:25:08

10 individual leaves. Now I look off into the distance 00:25:12

11 and I can see this color breaking into to that 00:25:14

12 color. The surprise was how much better I see. I 00:25:16

13 figured I would see about the same but not have to 00:25:22

14 wear the glasses or the contacts. What I learned is 00:25:24

15 how much better I could see. 00:25:28

16 MS. MURPHY-STARK: Now, even though 00:25:32

17 people don't see Glenn while he's working, it's 00:25:34

18 apparent that Glenn's vision is very important in 00:25:38

19 his career and especially in is life outside of 00:25:38

20 work. 00:25:40

21 Now, Doctor, Glenn in is 40s and he had 00:25:42

22 terrific results. Are there any upper age 00:25:44

23 restrictions?

24 DR. NEVYAS-WALLACE: No, Pat, there 00:25:50

25 really are not. We've done this procedure on people 00:25:50



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2 in their 80s. Now, normally, a person in his 80s 00:25:52

3 who wanted to correct nearsightedness or 00:25:56

4 farsightedness would have lens surgery. If he had a 00:25:58

5 cataract, he'd have cataract surgery. If the lens 00:26:02

6 is clear, we call this refractive lensectomy with 00:26:06

7 intraocular lens implantation. But we've had 00:26:08

8 patients who had had cataract surgery years ago 00:26:12

9 elsewhere and had been left still nearsighted or 00:26:14

10 still farsighted, and we've been able to perform 00:26:16

11 LASIK on those people and they've responded 00:26:18

12 beautifully. 00:26:22

13 MS. MURPHY-STARK: What do you enjoy 00:26:22

14 most about what you do? 00:26:24

15 DR. NEVYAS-WALLACE: The most satisfying 00:26:26

16 thing about my job is making patients happy. I love 00:26:26

17 hearing how thrilled they are with the results from 00:26:32

18 the surgery. I love hearing what a new world has 00:26:32

19 been opened to them. And I get to hear that not 00:26:36

20 just once a day, but many times throughout the day; 00:26:38

21 this is a happy, special day and I'm very lucky. I 00:26:40

22 also enjoy teaching doctors to become good surgeons 00:26:44

23 and I love inventing ways to make an excellent 00:26:48

24 procedure even better. I feel very fortunate to 00:26:50

25 have been able to contribute to the field. 00:26:54



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	MS. MURPHY-STARK: Well, thank you very	00:26:56
3	much for being with us today.	00:26:56
4	DR. NEVYAS-WALLACE: Thank you, Pat.	00:26:58
5	It's been a pleasure.	00:27:00
6	MS. MURPHY-STARK: We have to go to a	00:27:00
7	break, but before we do, if you would like	00:27:02
8	information on any of topics covered in today's	00:27:04
9	show, please give us a call toll free at	00:27:08
10	1-877-MDTVNOW. That's 1-877-638-8669. We'll be	00:27:08
11	back shortly with more Medical News Now. Stay	00:27:16
12	tuned.	
13		
14	ANNOUNCER: To learn more about LASIK	00:07:44
15	laser vision correction or to find out if you are a	00:07:46
16	candidate for LASIK, you can reach Nevyas Eye	00:07:48
17	Associates toll free at 800-9-LASER-6. That's (800)	00:07:50
18	952-7376.	
19	COMMERCIAL: Somewhere between amber and	00:27:34
20	linen, there's heaven. Between heaven and earth,	00:27:44
21	there's daylight. And if you follow daylight past	00:27:50
22	the sunrise and dawn, your eyes open to a color	00:27:50
23	called morning. One of the colors between the	00:27:54
24	colors created by Cannon, Cannon laser color. Its	00:27:58
25	only competition is reality.	00:28:02



1	MDTV MEDICAL NEWS NOW - LASIK SURGERY	
2	COMMERCIAL: At Save The Children, we	00:28:06
3	have photos and personal stories of thousands of	00:28:10
4	children who need a sponsor, a caring friend,	00:28:12
5	someone just like you. Won't you reach out to one	00:28:12
6	of these wonderful children? Your \$20 gift each	00:28:16
7	month is not a handout; it's a hand up. Your	00:28:20
8	contributions will be combined with gifts from	00:28:24
9	others to help provide self-help programs for all	00:28:24
10	the children in the community. Just call and say,	00:28:28
11	yes, I'm ready to be a child's sponsor and friend.	00:28:30
12	ANNOUNCER: If you would like a copy of	00:28:38
13	today's program, you can contact us toll free at	00:28:40
14	1-877-MDTVNOW or visit us or our web site at	00:28:42
15	www.MDTVNOW.com.	00:28:50
16		00:28:56
17	MS. MURPHY-STARK: I'd like to thank Dr.	00:28:56
18	Herbert Nevyas and Dr. Anita Nevyas-Wallace for	
19	sharing their expertise on refractive surgery,	
20	specifically LASIK laser vision correction and	00:29:04
21	explaining the technology behind it.	00:29:06
22	I would also like to formally announce	00:29:08
23	that both doctors have agreed to join our staff as	00:29:12
24	medical experts on future programs. We look forward	00:29:14
25	to working with both of them.	00:29:16



1 MDTV MEDICAL NEWS NOW - LASIK SURGERY

2 Well, that wraps up this edition of 00:29:18

3 Medical News Now. For everyone here at MDTV, I'm 00:29:20

4 Pat Murphy-Stark. Take care and stay healthy. 00:29:26

5 - - -

6 ANNOUNCER: If you would like more 00:29:30

7 information on LASIK laser vision correction, you 00:29:32

8 can reach Nevyas Eye Associates toll free at 00:29:34

9 1-800-9-LASER-6. That's 1-800-952-7377. 00:29:38

10 - - -

11 (End of videotape.)

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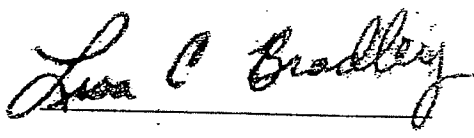
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CERTIFICATE

I HEREBY CERTIFY that this is a true and correct transcript of the videotape entitled, "MDTV MEDICAL NEWS NOW - LASIK SURGERY."



Lisa C. Bradley, RPR
and Notary Public

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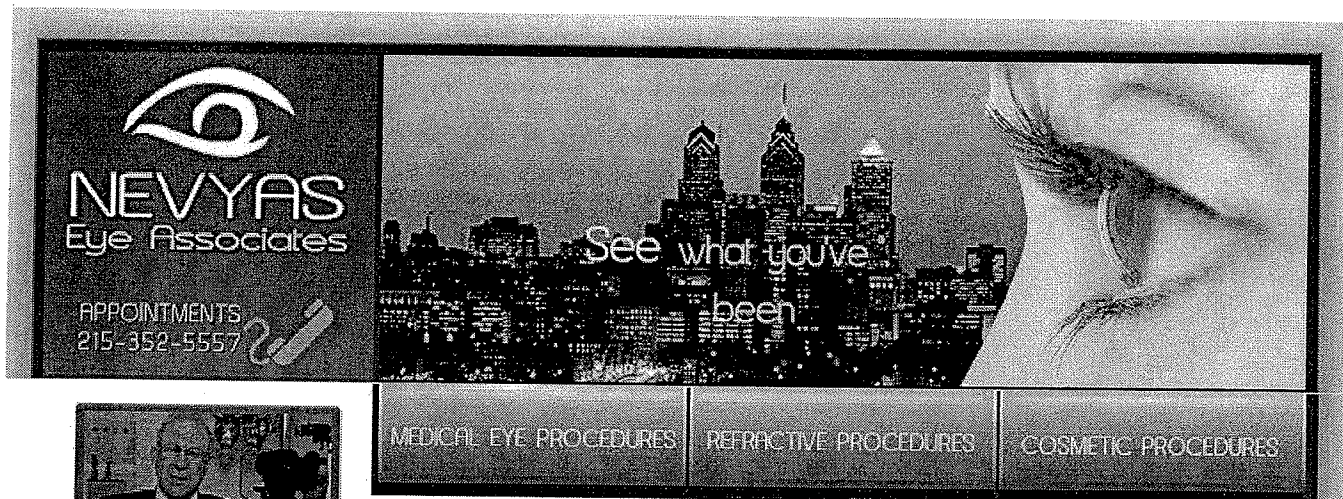


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Welcome

With Nevyas Eye Associates, you have the security of knowing you are in skilled hands. Our doctors are highly respected and are experienced in a wide range of advanced eye surgery. Our specialties include cataract surgery, refractive lens implant surgery, corneal refractive surgery, glaucoma surgery, corneal transplant surgery and numerous laser surgical procedures.

Our doctors pride themselves on having extensive experience with many types of ophthalmologic surgery over the past 40 years. We remain on the cutting edge of refractive and cataract surgery, as well as retina and glaucoma treatments, providing our patients with all of the latest proven technologies. We were the first in the Delaware valley certified to perform the Crystalens® implant surgery and have the most experience using the Intraocular Collamer Lens (ICL).

Since our beginning in 1964, eye doctors throughout the Delaware valley have turned to us to care for their patients and their own family members. We are proud of our reputation as the "doctor's doctor". This special relationship with our referring doctors will benefit you as a patient. Nevyas eye associates works cooperatively with primary eye care practitioners, which means your eye doctor can play an important role in your care.

Nevyas Eye Associates "The Doctor's Doctor"

Listed below are services that we provide at **Nevyas Eye Associates**:

- Cataract Surgery
 - Crystalens®
 - Precision Vision
- Glaucoma
- Retina
- Plastics
- Intacs for Keratoconus
- LASIK
- LADARWave Custom Cornea
- Bladeless LASIK
- Refractive Lensectomy
 - Crystalens®
- ICL
- Astigmatic Keratotomy
- Conductive Keratoplasty
- BOTOX®
- Blepharoplasty

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Dr. Kenneth E. Morgenstern - Dr. Vipin K. Goyal - Dr. Amiram M. Shapiro - Dr. Joshua M. Greene

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Doctor Biographies

Anita Nevyas-Wallace, M.D.

Dr. Anita Nevyas-Wallace practices with a special interest in cataract surgery, refractive surgery, and BOTOX® therapy for both medical and cosmetic indications. An innovator in the field of refractive surgery, Dr. Nevyas-Wallace has designed and patented instrumentation to make refractive procedures safer and more precise.



Dr. Nevyas-Wallace is a graduate of the University of Pennsylvania, where she had the honor of being named a University Scholar for undergraduate and medical education. After her graduation from the University of Pennsylvania School of Medicine, she completed her residency in Ophthalmology at the Scheie Eye Institute of the University of Pennsylvania, followed by a fellowship at the Medical College of Pennsylvania. Dr. Nevyas-Wallace has held faculty appointments at the Medical College of Pennsylvania and at the University of Pennsylvania.

Dr. Nevyas-Wallace has invented techniques and instrumentation which make refractive and cataract surgery safer and more precise. She has taught refractive surgery since 1993, and she is the senior instructor for hands-on training in cataract surgical technique for the American Academy of Ophthalmology. She has been recognized by the American Society of Cataract and Refractive Surgery for her innovative work. She has performed charitable surgery and taught surgical techniques internationally. Dr. Nevyas-Wallace is a Diplomate of the American Board of Ophthalmology and a Fellow of the American Academy of Ophthalmology.

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Doctor Biographies

Herbert J. Nevyas, M.D.



Dr. Herbert J. Nevyas is a recognized leader in ophthalmic surgery, particularly cataract and refractive surgery. He is a Clinical Professor at the Drexel University College of Medicine. He received his undergraduate and medical degrees from the University of Pennsylvania, where he was elected to Phi Beta Kappa honor society and was awarded the Oliver Memorial Prize in Ophthalmology. He interned at Thomas Jefferson University and completed his postgraduate training in ophthalmology at the Institute of Ophthalmology of the University of London and the Hospital of the University of Pennsylvania.

Dr. Nevyas has directed a practice in medical and surgical ophthalmology since 1964. Nevyas Eye Associates currently has four locations: Bala Cynwyd, Center City Philadelphia, Northeast Philadelphia and Marlton, New Jersey. He founded the practice's ambulatory surgical center, the Delaware Valley Laser Surgery Institute in 1989.

An innovator in surgical equipment and procedures, Dr. Nevyas holds a number of ophthalmic patents. Techniques and instruments bearing his name are used worldwide. He also has invented two varieties of intraocular lens implants. In addition to cataract and a full range of refractive surgery procedures including LASIK excimer laser surgery, Dr. Nevyas performs other procedures including corneal transplant, glaucoma and YAG laser surgery. He has delivered many papers on cataract, glaucoma and refractive surgery, including a number of award-winning presentations. He has lectured widely and has authored more than 40 ophthalmic publications for major journals.

Dr. Nevyas is a Diplomate of the American Board of Ophthalmology, a Fellow of the American Academy of Ophthalmology, a founding member of the American Society for Cataract and Refractive Surgery, and a member of numerous other professional organizations.

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Testimonials

Why did you decide to have the LASIK procedure?

"I lead a relatively active lifestyle. In addition to being a father, I'm a skier and a tennis player and I like to spend a lot of time outdoors. Coming indoors from outdoors in the winter, anyone who wears glasses has had the experience of having the condensation on their glasses; and just being able to be in the ocean, doing the things I want to do, glasses were an inconvenience."

With any surgery we know there's some risk involved, when you approached this, how did you weigh benefits against the risks?

"Well, obviously what I was looking at was the opportunity to not have to wear glasses anymore but primarily I looked at all the potential operations that were available and I've been looking for a lot of years. I have the benefit of being the son of an optometrist, so for about the last fifteen years I've been looking for some way to avoid wearing my glasses and at some point it was made known to me that there was this LASIK procedure which has a very high level of success, for which I was a very good candidate."



After being through this procedure, what do you think?

"I'm ecstatic. I'm also grateful to Dr. Nevyas-Wallace. Since I had the procedure, I am corrected glasses free. I am thrilled."
- Andrew Kessler

As an optometrist and someone who has had LASIK performed, what kind of legwork do you recommend to people when researching and deciding whether they should get this done and by whom?

"Usually when patients are interested in refractive procedures, I recommend that they look for a surgeon that they feel comfortable with and also one that has experience. You should be comfortable with the person who performs the surgery because you will have concerns both from a vision standpoint and from an anxiety standpoint."

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How do you feel about your results?

"I am very very pleased. From the moment that I had the procedure I was 20/20 and I experienced very very little discomfort. I was told that I could anticipate a little bit of glare night because I have a large pupil size. I did experience glare at night however it was never hindering because my vision was clear. After about three months it totally dissipated and is now gone."

- **Dr. Tammy Schuler**

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"I'm one of those people who couldn't see the hand in front of their face when it's two feet in front. I wore glasses up until my 30's; I wore contacts after that. I hated it. I hated breaking the glasses. I hate cleaning the lenses. I hated not being able to see in the morning until I put the glasses on, I couldn't even read the clock."



"When I came to Nevyas Eye Associates what I really liked is, I didn't feel as if they were salespeople and they weren't trying to push me into it. They explained everything that was going to happen, step by step. I must have asked them six thousand questions, they never got tired of my questions. I probably had a lot of stupid questions. They never made me feel stupid about them. They figuratively held my hand through the procedure. I'm still amazed that I go to a football game, I go see the Philadelphia Eagles, and I'm up in the press box, I'm talking 200 yards away on the other side of the field is the head coach and I can see what he's saying and I can make out who he's talking to and I can see forever and that really has amazed me. I'll tell you something else and this again may sound corny, colors are brighter than they were. I used to see the leaves on the trees, I used to see the distance as sort of a shading of colors. Now I see the leaves on the trees and it's individual leaves. Now I look off into the distance and I can see this color breaking into that color. The surprise was that I could see even better. I figured I would see about the same but not have to wear the glasses or the contacts. What I learned is, how much better I could see."

- **Glenn Macnow**

"Thank you for your kindness, compassion and for your endless patience. Your graciousness under pressure when you had all those other patients to help was very impressive to observe. You are truly exceptional people."

- **Helen**

"Thank you for your care and professionalism and for helping me to see well without glasses or contacts."

- **Ken, Instructor, Prospect Park, PA**

"I just wanted to give you my warmest thanks and gratitude for this new 'outlook' on the world that you have provided me." I appreciate all the special care and attention from you

and your staff.”
- **K.V., Financial Analyst, NY,NY**

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Northeast Philadelphia Office: Nevyas Eye Associates | Central Square 2465 Grant Avenue, Philadelphia, PA 19114 | Tel: (215) 673-2020

Center City Office: Nevyas Eye Associates | 1528 Walnut St. - Suite# 1501, Philadelphia, PA 19102 | Tel: (215) 790-0661

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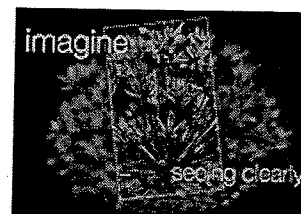
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First Steps Toward Refractive Surgery



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If you are considering vision correction surgery as an alternative to contact lenses and glasses, then you should call us to schedule an initial evaluation. (Click on contact us, or call **800-9LASER6**) Before your visit you will be sent a packet of information that you should fill out and bring with you to your evaluation. Please be sure to remove your contact lenses prior to your visit (for a minimum of 7 days prior for soft contact lenses and 5 weeks for hard or gas permeable lenses).

We are currently performing refractive evaluations at no charge in our Bala Cynwyd, PA office and our Marlton, NJ office. We have day, evening and weekend appointments available. To schedule your free evaluation, please call 800-9LASER6.

At this visit, please plan to spend between 2 and 3 hours with us as we will be going through the following testing procedures:

- History
- Visual Acuity Testing
- Refraction
- Dominant Eye Testing (for monovision analysis)
- Pupillary measurements
- Corneal Measurements, including Topography, Curvature and Thickness
- Tear Film Analysis
- Slit Lamp Examination
- Glaucoma Testing
- Dilated Exam to determine retinal health

You will meet with a refractive coordinator and your surgeon. You will undergo a thorough evaluation that will assess your eyes for candidacy as a refractive surgery patient. Your surgeon will develop a plan for the reduction of your dependency on glasses and contact lenses. Because we perform the widest range of FDA-approved refractive procedures, we have great success in finding the appropriate procedure to correct nearsightedness, farsightedness, astigmatism and even lowering your dependency on reading glasses as you get older.

We will discuss costs, payment plans, scheduling, informed consent – reviewing possible complications, and postoperative co-management options at this visit. By the time you leave our office, you will have a full understanding of refractive surgery and how it relates to you. After the exam is complete, you will be given dark spectacles that will help you with the glare

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induced by the dilating drops. You are more than welcome to have someone accompany you to your initial examination.

When you decide to schedule surgery, you will be given a packet of information detailing preoperative instructions. And we will also provide you with your informed consent documents which we ask you to read prior to surgery. We are always more than happy to answer any remaining questions or any questions that arise after reading your literature.

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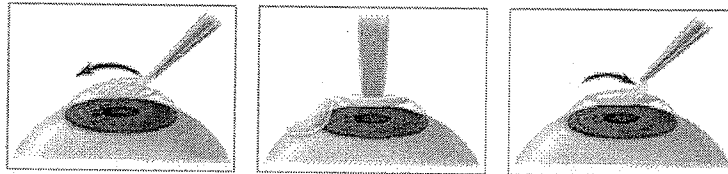
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LASIK

This term is an acronym for Laser In-Situ Keratomileusis, meaning reshaping of the cornea using a laser. Dr. Anita Nevyas-Wallace and Dr. Herbert Nevyas have been performing the Keratomileusis procedure since 1992, and Dr. Vipin Goyal has been performing the procedure since 2000 Using an instrument called a microkeratome, our surgeons create a thin flap in the outer layer of the cornea. This flap will then help to protect the treated cornea underneath. The flap, or thin protective cap, is then folded back to expose the corneal stroma, which the laser will reshape to reduce refractive error. When the excimer laser was FDA approved, it added an incredibly precise method of removing underlying tissue. The excimer laser produces a "cool" or non-thermal light beam, removing the necessary tissue without damaging the surrounding cornea. For nearsighted patients, corneal tissue is removed primarily in the center of the cornea, flattening the cornea and thereby decreasing their nearsightedness. For farsighted patients tissue is removed mainly in the periphery to steepen the cornea, thereby decreasing farsightedness. To treat astigmatism, the laser reshapes the cornea to make it more spherical. After the laser treatment, the protective flap is then placed back in its original position.

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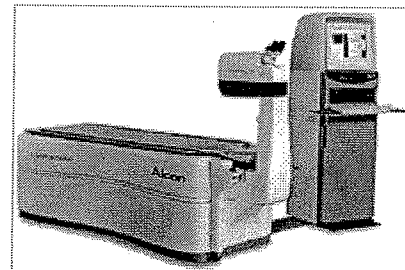
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The LADARVision Excimer laser

We offer the highest level of technology for your LASIK procedure. We perform surgery using the Alcon LADARVision excimer laser. This laser offers the newest "flying spot" technology for correction of nearsightedness, farsightedness and astigmatism. The other feature that sets this laser apart from all others is its eye tracking system. Our eyes are always making small, involuntary movements that are beyond our control. Eye movements during the LASIK procedure on a "regular" excimer laser can compromise the precise placement of each laser pulse. The laser radar eye tracking system on the LADARVision system accurately tracks all eye movements during surgery. This means that as the patient,



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you do not have to worry about holding your eye still. The tracker will adjust and realign the laser 4,000 times per second, resulting in perfect placement of each individual laser pulse. The FDA states that, to cover all involuntary eye movements, the tracker must adjust 1,000 times per second – the LADARVision system tracks 4 times that amount! Other lasers with tracking devices use video-based systems that can only track the eye between 60 and 250 times per second. Only LADARVision can properly track all involuntary movements of the eye during surgery.

Another benefit to the LADARVision system is its ability to reduce the risk of nighttime glare and halos, thanks to its adjustable treatment zone. Because treatments can be performed that are wide enough in diameter to accommodate larger pupil sizes, more patients are able to have the LASIK procedure than ever before. At Nevyas Eye Associates we also have the LADARWave system for wavefront correction. Using a special aberrometer, we can program the LADARVision laser to correct higher order aberrations, or distortions and thereby personalize your correction to obtain a level of vision beyond correction of just nearsightedness, farsightedness and astigmatism.

For more information on the LADARVision system, you can visit the Alcon website by clicking [here](#).

The LASIK Procedure, from start to finish

- **The no-charge preoperative evaluation:** After scheduling your visit with us by calling 800-9LASER6, please remove your soft contact lenses for 1 week or hard or gas permeable lenses for 5 weeks. You should allot at least two hours for your visit, for we will be going through a thorough exam to determine your candidacy. You will be checked for eye health, refraction, corneal thickness, corneal topography (mapping of the shape and the curvature of the cornea), pupil measurements, retinal health, visual acuity, dominant eye, monovision candidacy and other tests. Your surgeon will perform a thorough examination of your eyes and will then discuss with you your refractive surgical alternatives.
- **Scheduling:** We do all of our laser vision correction procedures in our new LADARVision suite in our Bala Cynwyd office. A date will be chosen for your surgery and financing options will be discussed. At the time of scheduling, you will be given your LASIK packet. This contains your informed consent and pre-operative instructions. A refractive coordinator will review your packet with you before you leave the office. You will be given preoperative medications in the form of artificial tears and antibiotic eye drops. We have a courtesy van transportation service available, if needed, on the day of surgery.
- **Surgery Day:** Upon your arrival, a refractive coordinator will collect your informed consent and review any final questions. For our LADARVision laser, we take a "picture" of the eye before dilation. This picture is saved in the computer and allows the laser to "remember" each patient's exact measurements. Once we have taken the perfect picture, a nurse will instill the dilating drops into the eye and do a final eyelid wash to prepare you for your procedure. You will be given a gentle sedative and eye drop anesthesia. On average, you will be in the laser suite for about 20 minutes per eye. The actual operating time is just a few minutes. There is no pain. You will leave the office with clear plastic eye shields placed over the operated eye(s) and you will be given medication to take when you get home. That evening, you will be expected to rest comfortably with your shields in place, and to return to our office the following morning.
- **After surgery care:** You will be scheduled to return to our office the next day and return to either our office or a co-managing doctor's office intermittently over the next year. Usually, the visits are scheduled at 1 day, 3-5 days, 1 month, 3 months, 6 months and 1 year. For a few days postoperatively, you will be taking antibiotic and anti-inflammatory eye drops a few times a day. You will also be using lubricating drops as needed, and wearing the protective eye shields to bed each night for the first week. Complete post-operative instructions will be given to each patient after surgery.

Nevyas Eye Associates - LASIK Results

Our refractive surgeons at Nevyas Eye Associates, Drs. Anita Nevyas-Wallace, Herbert Nevyas, and Vipin Goyal pride themselves on their dedication to excellence in all surgeries that they perform. Since we began doing the LASIK technique, we have done everything

possible to give you the best possible result. We use the very best technique on the most technologically advanced laser, the LADARVision laser, in a sterile environment. It is that dedication to excellence that has given us the many happy patients that we have today.

The excimer laser was first approved for use on the cornea in 1995; we began performing LASIK at that time. Many surgeons began laser treatments with PRK – a treatment using the laser to reshape on the surface of the cornea. However, because the surgeons at Nevyas Eye Associates were already experienced in performing procedures that involved creating corneal flaps (without using an excimer laser) they were able to begin performing LASIK immediately. Their vast experience with corneal flap making helped them to transition into performing the LASIK surgery, which was the procedure of choice for most patients.

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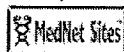
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As seen in *The Trend*, June 2005...

Cataract Surgery: A Crystal Clear Decision

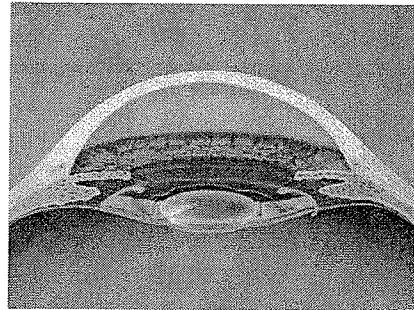
Imagine you're over 65 and struggling with ever-diminishing vision due to cataracts and presbyopia (the loss of near vision after age 45). Your eye doctor recommends cataract surgery to remove the cloudy lens and replace it with an artificial one. This type of surgery has been available for 20+ years, but now there are choices in the type of lens that's used. So how do you know which lens is right for you? Let the surgeons at Nevyas Eye Associates help to sort out the confusion of lens implant choices.

The standard lenses are called monofocal lenses. These non-focusing lenses have been available for decades for cataract surgery and can restore the distance vision that is blurred from cataracts. In most cases you would no longer need glasses to see in the distance after surgery. Monofocal lenses have one clear limitation in that they do not correct the condition of presbyopia. This means that reading glasses would be required for seeing at near and intermediate distances. These distances include activities such as reading a book, threading a needle, telling the time on a wristwatch, seeing the dashboard in the car or working on a computer. While a monofocal lens is effective in the treatment of cataracts, you are still very dependent on glasses for everyday activities.

Your second lens choice in cataract surgery is a multifocal lens implant. These lenses allow you to focus at two different points, distance and near. In essence, this gives each eye two or more images at the same time. While this may reduce dependency on glasses, it has some distinct disadvantages of its own. Night vision and contrast sensitivity are reduced by these double images. Glare, halo symptoms and double images can cause permanent night driving restrictions. Furthermore, the multifocal lenses cannot correct for the loss of intermediate vision. Reading glasses would be required for objects viewed at arms length, the distance where most people set their computers. A multifocal lens is effective in the treatment of cataracts, but can leave you impaired while performing daily activities.

In 2003, another alternative became available: **the Crystalens™ accommodating lens implant.**

Crystalens™ was designed to treat cataracts as well as the need for glasses at both distance and near. It is a flexible lens that focuses just like the human eye, allowing you to see distance, near and intermediate objects, usually eliminating the need for glasses altogether. Unlike the other lens implants the Crystalens™ will adjust its position in the eye to allow you to focus on a near object. It will then readjust to its resting position as you look to the distance. This is a major advance in both cataract and elective eye surgery. A big difference between the Crystalens™ and other options is that the lens adapts to your visual needs, rather than forcing you to put up with or adapt to the lens.



The surgeons of Nevyas Eye Associates were the first in the Delaware Valley to be certified in the use of Crystalens™, and have the most experience. Crystalens™ is the only FDA approved accommodating lens implant, and in its first year, more than 13,000 were implanted into patients' eyes.

The Crystalens FDA results were phenomenal:

- 98.4% seeing 20/32 or better in the distance without glasses
- 100% had good intermediate vision, meaning they could work on their computer without glasses
- 98% could read the newspaper print without glasses

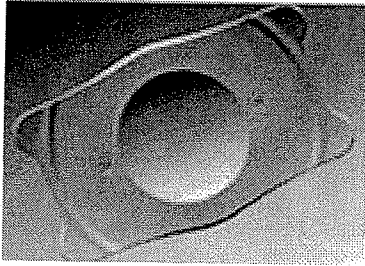
Nevyas Eye Associates is happy to announce a wonderful development in Crystalens surgery. Until recently, the use of Crystalens was restricted to two groups of people; refractive patients and those cataract patients who do not have Medicare. This left out the 2.5 million Medicare patients who have cataract surgery each year. Medicare did not allow their patients to pay for medical upgrades, such as Crystalens. **On Tuesday, May 10th, Medicare announced a major change to their policy. A statement was released which will now allow Medicare patients to elect to use Crystalens.** This change in policy represents a major breakthrough for the millions of Medicare patients who want to live their active lives with less dependency on glasses and contact lenses. Patients who select Crystalens will receive the standard Medicare reimbursement for cataract surgery, and can pay privately for the remaining cost of the surgery. Now all patients with cataracts, and a little disposable income, have access to a lens that mimics the human eye and can restore the vision of their youth.

The benefits of the Crystalens™ implant are clear. Seamless vision for distance, near and in between are a reality once again. Cataract patients no longer have to settle for anything but the best. You owe it to yourself to find out if Crystalens™ is an option for you. Why choose a lens with proven visual restrictions when you can have it all? The surgeons at Nevyas Eye Associates are dedicated to giving you the highest quality of care with the most advanced technology. Appointments are available for evaluation for the Crystalens™. Call Nevyas Eye Associates today to take the first step toward your visual freedom!!

Nevyas Eye Associates 800-952-7376

As seen in *The Trend*, March 2006

Exciting New Advancements for Highly Nearsighted People



Are you highly nearsighted and under the age of 40? Have you been told you're not a LASIK candidate? The new ICL may be just what you've been waiting for! This exciting new option is particularly useful in younger patients due to the fact that it allows them to retain their natural focusing ability when looking at near objects.

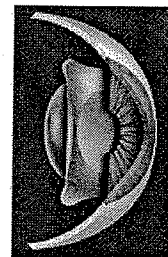
The **Staar Visian ICL** (an abbreviation for Implantable Collamer Lens) recently received FDA approval. This lens has been used successfully outside the US for many years and has been implanted in more than 40,000 eyes worldwide. It is approved for use in 41 countries. The surgeons at Nevyas Eye Associates are excited to be able to offer the ICL in early April 2006.

This lens will offer another option for those seeking reduced dependence on glasses and contact lenses. It will also be an exciting new option for many patients who are not good candidates for LASIK for reasons including thin corneas, very high corrections, excessive dry eye and irregular corneas. According to Dr. Anita Nevyas-Wallace, "the patients who may benefit the most from the ICL are often those with the greatest dependence on contact lenses and glasses".

The best candidates for the Visian ICL are between the ages of 21 and 40, with moderate to severe nearsightedness. It is best if the patient has had no previous eye surgery and does not have a history of eye disease such as glaucoma, iritis or diabetic retinopathy.

The ICL surgery is performed by Dr. Anita Nevyas-Wallace in our outpatient surgery center. A topical anesthetic is used, which means that the patient is awake during surgery but will not feel any pain. This is the case in almost all refractive surgeries. The surgery itself takes between fifteen and thirty minutes.

During the surgery, a small incision about 3 mm wide is made, through which the ICL will be inserted. The lens rests behind the iris, which is the colored portion of the eye, and in front of the natural crystalline lens. The ICL is well tolerated and cannot be seen or felt once placed in the eye.



ICL's are intended to remain in place without maintenance, however, should the need arise, it can easily be removed and replaced, or another procedure can be done at any time. With the ICL, patients can still wear glasses or contact lenses if necessary. The ICL does not affect presbyopia, or the need for reading glasses due to age.

For anyone over 40 who wants to reduce dependency on glasses and contact lenses, Nevyas eye associates has other options that may be well suited for you. Call us today at 800-952-7376 to schedule an evaluation to determine which procedure is right for you. We can also be found on the Internet at www.nevyas.com

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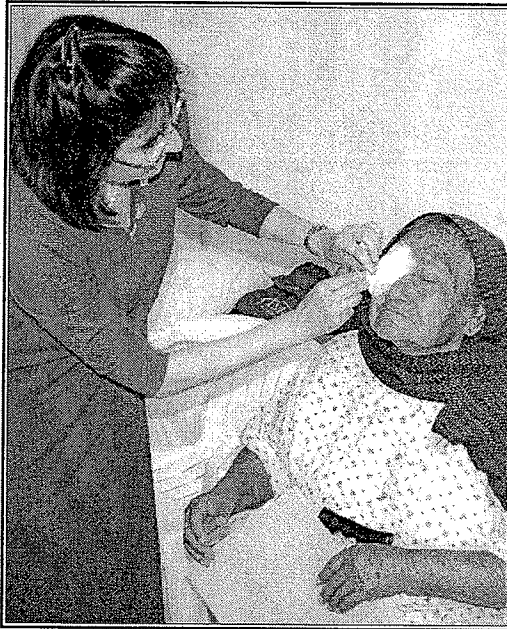
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Area Doctor Saves Sight and Learns Unexpected Lessons in Rural Mexico



The moment of truth. Dr. Anita Nevyas Wallace removes the bandages from a patient's eye following cataract surgery. Thanks to the procedure, the woman was able to see clearly for the first time in years.

Performing 132 surgeries over three 15-hour days in less than adequate conditions is hardly the vacation of choice for most surgeons. Dr. Anita Nevyas-Wallace is the exception.

Partnering with the non-profit humanitarian group Surgical Eye Expeditions (SEE) International, Inc., Nevyas-Wallace recently traveled to Jerez, Zacatecas, Mexico, to help provide the impoverished residents with

for surgery. There were so many people who needed help, who couldn't see because of cataracts or other eye disorders. I was amazed that there was such need for services we take for granted here in the U.S."

Nevyas-Wallace and four other surgeons, who had joined her from other parts of Mexico, operated from 8 a.m. until after midnight for three days straight averaging

See Doctor Visits Mexico on page 5

the gift of sight.

"I've known many people who have traveled to remote parts of the world with SEE to perform surgery for those in dire need," explains Nevyas-Wallace of the Bala Cynwyd-based Nevyas Eye Associates. "In fact, my mother, who is also an ophthalmologist, has gone on SEE expeditions to Bulgaria and Paraguay. It's something that I've wanted to do for quite some time."

Accompanied by her 17-year-old son Jonathan, the Penn Valley resident left the comforts of her family's practice and set up camp in the rural mountains of central Mexico for eight days. Located 8,000 feet above sea level, Jerez, Zacatecas presented more challenges and lessons than Nevyas-Wallace had imagined.

"In the mornings when we arrived at the clinic, we were greeted by a line of people that would all the way around the block," says Nevyas-Wallace. "I couldn't believe that all of these people were waiting

Speakers Forum Presents Merion Vocalist Ilene Miller



Vocalist Ilene Miller of Merion will perform at JCC's Kaiserman Branch Speakers Forum on September 19.

The JCCs Kaiserman Branch is thrilled to welcome vocalist Ilene Miller of Merion as the first performer in their Speakers Forum, part of the upcoming fall Adult Services class schedule. This class series offers stimulating and outstanding speakers and performers on a weekly basis. Ilene will perform a cabaret program of Broadway and movie selections, accompanied by her pianist, Joanne Crystle. This exciting

performance will be on **September 19** at 1 p.m.

For the past ten years Ilene has been privileged to perform locally with several organizations including the Main Line Symphony Orchestra, Trinity Opera Theater and the Wynnewood Vocal Ensemble, for which she is a principal soprano, and she recently performed a sold out show at Odette's in New Hope. Ilene's performance, *Come to the Cabaret!*, is sure to be the perfect kick off for the JCCs Kaiserman Speakers Forum.

The Adult Services program schedule also offers classes including Film Discussion, Mosaics, Jewish Short Stories, Introduction to Scrapbooking, Bridge and many others. The Speakers Forum runs from **September 19 - November 7**, with no classes October 3. Cost is \$45 for Kaiserman members, \$90 for non-members. Call 610-896-7770 ext. 128 to register or for further information.

MOSAIC MAVENS MAKE A DIFFERENCE

The Story of Neighbors, Artists, with a Vision

"It was 2 weeks in the spring," says Beth Warren. "We were lucky the weather just came together for two weeks in a row. What you need when you're doing large architectural outside projects on cinderblock, cement, or stucco is good weather," she speaks while holding a piece of glass. "A little light misting is OK—even these exceptionally humid days," says Beth. "But rain, nope we can't work outside in the rain."

Beth knows what she's talking about. She and business partner Karen Krivit have completed significant outdoor and indoor privately funded mosaic projects and donated their time and talent to major community projects that have changed lives.

Karen Krivit, sculptor and Beth Warren, former marketing manager who always had a strong artistic side, are two moms who met in the tiny neighborhood behind the Merion Elementary School. It's the kind of



Mosaic artist Karen Krivit and local children at Papa Playground.

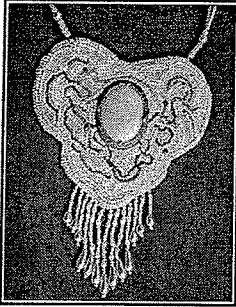
neighborhood that time forgot, where children and families merge and share their lives, where the backyards have informal cut-throughs so kids can run home for supper. Both women have artistic talent, as evidenced through their work, but it all started with a course they took from master artist Isaiah Zagar. Zagar has been doing mosaics for over 30 years, transforming portions of South Street and teaching classes. Zagar's course is grueling work but apparently very satisfying—and motivating. At the conclusion of the course both artists, Warren and Krivit, started experimenting with techniques on their garage walls. After fine-tuning technique, the women began collaborating on mosaic projects for their neighbors.

One of the first local projects was refacing one wall on the exterior of a garage. The Bernicker family wanted

See Mosaic Mavens on page 11

Control No.: 09062101

New Exhibit at Tyme Gallery



delphia. Nina calls her jewelry, Beaded Luxuries. One can easily agree with the description once you see not only the magnificent beads but the mesmerizing craftsmanship. Nina states, "I have always loved working with color. It doesn't matter if its paint or beads. I approach them both the same. To me beads are just like paint and jewelry is just like canvas." This year Nina was a finalist in the prestigious "Fire Mountain Gems Beading Contest." Nina's jewelry can be found in other galleries in the Philadelphia suburban area and some of her collectors include Mrs. Joseph Stein and Mrs. Michael Stellabottle.

Last is Victoria Stoelker, an artist and teacher, new to the art scene. Victoria is an artist who not only inspires others with her paintings but inspires the minds of the young, as she is also a teacher working with adjudicated delinquents. Victoria's work is a direct reflection of her experience. She boldly forges into the world of pastels juxtaposed with the granular control of pencil. Victoria like Daisy's work does not have a predetermined subject matter. Victoria will simply start scribbling patterns and waits to see what forms take place. She notes that mostly women rise out of the rubble but other subject matters have crept through from time to time.

The opening reception will be held Friday, September 9, at Tyme Gallery from 5:00 p.m. to 9:00 p.m. The reception will have catered hors d'oeuvres and is free to the public. The artwork will be on sale and exhibit from September 9 through October 11. Tyme Gallery is located at 17 W. Eagle Road in Havertown. For info about the exhibition, or for directions, call 610-853-1215 or madametyme@tymegallery.com. Gallery hours are Tuesday through Friday 10:00 a.m. to 6:00 p.m. and Saturday 10:00 a.m. to 4:00 p.m.

On Friday September 9, Tyme Gallery presents "Ethereal Spirit," an exhibit of oils, mixed media and jewelry. Three very special artists will make their mark—with abstract oils and mixed media by Daisy Cohen, Nina Leon's one of a kind vintage beaded jewelry and Victoria Stoelker's expressive women.

New York based artist Daisy Cohen, has worked as a commercial artist and a fashion designer. And not just anywhere as a fashion designer, but for companies such as Calvin Klein and Sassoon Jeans. Daisy also owned her own firm Bebe Blond for 4 years. After some time working as a commercial artist, she became dissatisfied. Daisy began painting large canvas and plexiglass sheet abstracts. Her work evolved naturally using paint, spackle, caulk and whatever else the paintings dictated. Daisy states, "Sometimes I feel as though I should stop and sometimes there is a need to go further. It is never the same and I don't try to control the process. I enjoy the surprise as well as the enjoyment it gives the viewer." Some of her collectors include Patrick Delaney, Senior Vice president of UBS and George Manahan, conductor for the New York City Opera. Daisy has exhibited her work in the Philadelphia suburban area and New York. She will also be exhibiting at the Venezuelan Embassy, in New York, in December.

Above, top - Jewelry by Nina Leon; top, right - a sample of Victoria Stoelker's expressive women; bottom - an abstract of oils and mixed media by Daisy Cohen.

Artist extraordinaire is one description for Nina Leon. Nina is a painter, printmaker, sculptor and maker of wearable art. She attended Long Island University and graduated with a degree in Fine Arts from the Art Institute of Phila-

Doctor Visits Mexico

Continued from front page

more than 40 patients a day. "We would have sandwiches and water delivered to us from time to time," she says, "but other than that there was no break." She adds that some relief did come from her son who assisted the surgeons as they rotated through four makeshift surgical areas.

"Knowing that in Mexico we may be understaffed, my associates and I had spent weeks prior to the trip training Jonathan in such things as instrument care and surgical set up," says the proud mother. "It really helped to have another set of capable hands on site, and I know that this was an experience he'll remember for a lifetime."

Supplies for the trip had been donated by SEE International, manufacturers and practices - including the Nevayas' practice - and had to be conserved as much as possible. This was a lesson that Nevayas-Wallace learned early in the trip.

"One day I went to scrub for a surgery and realized that there were no scrub sponges," she begins. "Normally, I would go to the closet and get another box. But then it struck me that this wasn't an option. It had never crossed my mind that we could run out of supplies - but there I was improvising with detergent."

Communicating with the Zacatecas residents posed an unforeseen challenge for the team. "I left for this trip assuming that I would have no problem speaking with my

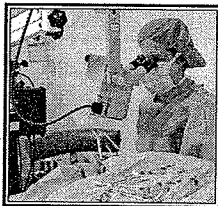
patients - after all, I speak Spanish," Nevayas-Wallace explains. "The thing is, some of the patients didn't. Even though Mexico was settled hundreds of years ago by the Spanish, there are still pockets of the country that speak indigenous Indian languages such as Nahuatl and Huichol." She adds that fortunately, there were people who could interpret for the doctors.

Despite the obstacles that the eight-person SEE team had to overcome, Nevayas-Wallace is emphatic that the rewards were well worth it.

"There was one woman in particular on whom I operated who really stands out in my memory," recalls Nevayas-Wallace. "She was in her early 60's and was essentially blind from cataracts. For this woman, the surgery meant that she would finally be able to see what her grandchildren looked like. When I removed the bandages, allowing her to see for the first time in years, she just started crying and thanking us. It was really a moving experience."

Nevayas-Wallace's one regret of the trip is that there wasn't the time or the resources to help everyone.

"We were in Jerez, Zacatecas for a short time and could only see those patients who had signed up in advance for surgery. Even then, we were limited in what services we could provide. For example, if a patient came in with cataracts in both eyes we were only allowed to do one. We just didn't have the time or materials available to do both. Of course in the U.S. this is unheard of. It really drove home how much we take our sight for granted."



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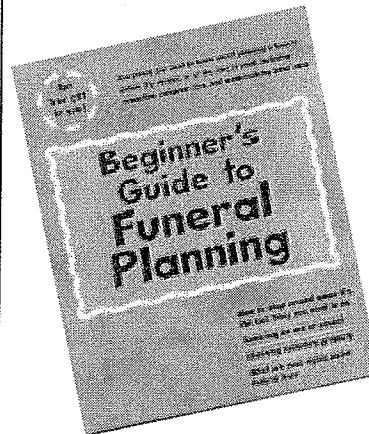
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LASIK

What is the procedure that uses a laser?

When people talk about using a laser for refractive surgery, they are referring most often to the excimer laser. This laser vaporizes corneal tissue precisely. There are two main ways of using the laser to correct refractive error. One re-shapes the cornea by using the excimer laser to remove tissue from the front of the cornea (PRK and EPI-LASIK). The second raises a very thin flap of the front of the cornea and uses the excimer laser to re-shape tissue within the cornea (LASIK).

What is Epi-LASIK? ("bladeless LASIK")

Epi-LASIK is the newest surface laser procedure which utilizes new mechanical equipment which precisely separates the soft epithelial layer of the cornea from the thicker tougher deeper layer with a relatively dull mechanical separator. There is no blade incision into the cornea itself, and the surface layer that is removed re-grows within a few days. With epi-LASIK, or "bladeless LASIK" as it is often called, we avoid any complications due to flap problems and eliminate the possibility of diffuse lamellar keratitis, a type of inflammation which is seen occasionally after LASIK. Recovery takes a few days longer in the immediate postoperative period, and attainment of the very final visual acuity may be more delayed. Transient corneal haze has been reported, but this is rare with modern epi-LASIK techniques.

What laser will be used for my LASIK procedure and what is it's FDA status?

We use the highest level of technology for your LASIK procedure. Our surgeons perform LASIK on the Alcon LADARVision system. The LADARVision system is FDA approved for the treatment of nearsightedness, farsightedness and astigmatism both for standard and wavefront treatments to minimize higher order aberrations.

Tell me more about this LADARVision system.

The Autonomous LADARVision excimer laser combines the newest "flying spot" laser technology with the most advanced radar-like eye-tracking system to eliminate concern about eye movement during the procedure. With the LADAR tracker, each laser pulse is carefully and accurately placed to obtain a superior optical result. The LADAR system can also greatly reduce the risk of nighttime halos and glare due to its adjustable treatment zone and its wavefront correcting capabilities. By accommodating a larger pupil size and correcting higher order aberrations, this laser system permits more patients to have the LASIK procedure than ever before. The LADARvision flying spot technology is ideal for wavefront controlled Custom Cornea procedures to reduce higher order optical aberrations for even sharper vision. For more information on LADARvision, visit the website of manufacturer: www.Alcon.com and look up Custom Cornea LASIK and LADARVision.

What are the risks of LASIK or Epi-LASIK surgery?

Laser vision correction is a real operation and every surgical procedure brings with it the risk of some problem. The primary annoyance with LASIK is seeing halos around lights at night. This is more prominent in people who have large pupils and less pronounced in people with relatively small pupils. We measure everyone's pupil with an infrared "night vision" measuring device so that we can know the maximum size of the pupil in the dark. This allows us to warn patients with unusually large pupils that they may be subject to glare at night. However, with our new LADARvision

technology, this risk can be even further reduced for most patients. This is due to the laser's capability to compensate for a larger pupil size and to reduce spherical aberration by Custom Cornea treatment.

There is a relatively rare situation known as diffuse lamellar keratitis characterized by a sterile inflammation of the interface between the corneal flap and the deeper part of the cornea. This problem is rare and usually responds very well to a short course of steroid drops or, if necessary, to lifting of the flap and irrigation under it.

Do you do both eyes at one time?

We usually perform LASIK on both eyes together however, in some cases, we may operate the two eyes at separate times. This also depends on the patient's preference. We always perform refractive lensectomy at separate times, usually one or two weeks apart. Astigmatic keratotomy is often performed on both eyes at the same time.

How long will it take?

The LASIK procedure takes about 15 minutes per eye. There is some equipment setup and patient preoperative time, but once everything is set up, it doesn't take very long at all. (With refractive lensectomy or ICL implantation, the procedure itself takes about 20 minutes per eye.)

Am I awake during the LASIK procedure?

You are awake but relaxed during the procedure. Your eyes will be numbed with eye drops so you should not feel any pain at all. Most patients report minimal discomfort, and report only a slight feeling of pressure during one portion of the procedure. Mild sedation will make you feel relaxed.

Will I have any pain?

There is essentially no pain reported by most of our LASIK and Epi-LASIK patients. Some stretching of the eyelid is felt as the eyelid holder is put into position, and a transient feeling of pressure, usually less than one minute, is felt while a suction ring is placed. Most people have just slight operative discomfort and no postoperative pain at all. We usually give a small amount of oral Valium before the procedure to relax you.

How long is the recovery time and what should I expect during that time?

We usually operate at the end of the week. Recovery from the LASIK surgery is very rapid and is one of the reasons it is a preferred procedure. Immediately following the procedure, most patients show marked improvement, and within 24-48 hours, have returned to normal activities. Most of our patients choose to return to work the Monday following their procedure, if not sooner.

For epi-LASIK surgery, the recovery period is usually about three to four days.

During that time a "bandage" contact lens is worn. Many patients return to work after three days, but some may wish to stay out another day or two.

During the first few weeks, you may notice some fluctuations in your vision, which is normal and is part of the healing process. Night glare and halos may persist for the first few weeks but usually cease by the end of the two to three month healing process.

Will I have good vision immediately? How long will it take until my vision reaches its final status?

Most people have vision adequate for functioning well by the day after surgery.

Vision is usually improved further by the next day. However, rarely some blurring

may take as long as three months to clear fully. It is common to have a certain amount of temporary overcorrection which then drifts in the proper myopic direction within a few days to weeks. One can expect a larger amount of overcorrection with a larger refractive error or with a wavefront-corrected procedure. We usually tell patients that 80% of the healing occurs within the first 48 hours, but the remaining 20% of the visual clarity takes about 2-3 weeks to fall into place. Patients can usually get along well in the interim, sometimes with the help of temporary glasses.

What is the likelihood that my vision will be good from this procedure?

Just about all patients have their uncorrected vision vastly improved. The majority of patients obtain uncorrected vision after surgery that is similar to their best-corrected visual acuity prior to surgery. Some patients, especially those who have wavefront corrected procedures, obtain better vision than their preoperative bestcorrected vision. However, a small percentile (about 1%) will have best corrected acuity less sharp than their acuity before surgery. In almost all cases, such a loss of best corrected acuity consists of one line (20/25 for example), which is an amount that most patients would not even notice. The majority of patients obtain good (20/40 or better) distance vision without correction; most obtain 20/20.

Will I have 20/20 vision after the procedure?

Having a successful experience with your refractive surgery begins with realistic expectations of what it can do. The purpose of the surgery is to enable you to perform many activities without glasses, not just to give you 20/20 vision. While the vast majority of patients achieve excellent unaided vision, not everyone gains complete freedom from glasses. The goal of refractive surgery is to obtain useful, uncorrected vision close to or better than the best corrected vision you have now using your glasses or contacts.

Will I be able to see without glasses after the laser vision correction procedure?

The majority of refractive surgery patients are able to perform most activities without glasses, but some may still need help for especially demanding vision situations (such as driving at night or reading stock quotes). Also, you may still need reading glasses as you grow older, depending on the type of procedure performed. Your surgeon will give you more information on what results you can realistically expect.

What if I only wear reading glasses?

The need for reading glasses is one that affects most people over the age of 40. With age, the eye's lens becomes stiff and can no longer accommodate easily. This causes the condition "Presbyopia", which means a difficulty in focusing on nearby objects. Presbyopia can be treated by making one eye a bit myopic to allow near vision (with LASIK, Epi-LASIK, CK or ICL surgery). The only way to actually cure presbyopia is with the Crystalens implant which actually allows each eye to focus for near. Corneal surgery such as LASIK or Epi-LASIK surgery cannot treat the cause of presbyopia. However, there is a way to reduce your dependency on reading glasses with monovision.

What is monovision and why would I want it?

Monovision means correcting one eye better for distance and the other eye better for near. The distance eye will be slightly blurred at near in patients over 40, and the near eye will be somewhat blurred at distance, depending on the amount of monovision given.

We see with our brains not our eyes; therefore, the brain will pay attention to the sharper image. If one eye is focused better for far and the other for near, then the far eye's image will be noticed more for distance vision and the near eye's image for near vision. We find that most patients with monovision are very happy with it and that it increases their degree of freedom from spectacle or contact lens correction. Occasionally, a patient does not like monovision, and we can usually enhance the near eye to make it also into a distance eye without difficulty. Monovision can rather easily be simulated with a contact lens trial from your eye doctor. If you are uncertain if monovision would be comfortable for you, a contact lens trial is recommended.

Is LASIK considered permanent or does it need to be repeated?

As you age, your eye may undergo some change, especially change in the lens of the eye. LASIK has undergone numerous clinical trials and has been done for years in Canada and Europe. Patients that have had this procedure several years ago are still enjoying remarkable vision. Some patients do not achieve full correction with the initial treatment and may have a need for an enhancement. An enhancement is a secondary procedure where additional laser must be added to achieve the full correction that was intended. This is more common in patients who are very nearsighted or farsighted or have a high astigmatism.

As the eye ages, especially after the age of 50, changes in the lens of the eye may cause refractive changes. For patients who are showing ongoing changes in the density of the natural lens of the eye with age, we would consider refractive lens surgery rather than LASIK or epi-LASIK which is performed on the cornea and does not affect the lens of the eye. Once refractive lens surgery has been performed, then the eye's refraction will not change with time, and of course, cataract can never develop.

What is an enhancement and when might it be performed?

An "enhancement" is an additional refractive surgery that is performed to "fine tune" the original procedure. This is performed when there is either an over or under reaction by the eye to the laser treatment. Enhancement is never performed until at least 3 months have passed or refractive stability has occurred.

Can I speak to patients who have had this procedure?

We have many patients who are very happy with their refractive surgery and who are happy to speak to potential patients who have concerns. We can usually match you up with someone who has a similar refractive error to yours. Please ask our doctors or refractive surgery coordinators to arrange this for you.

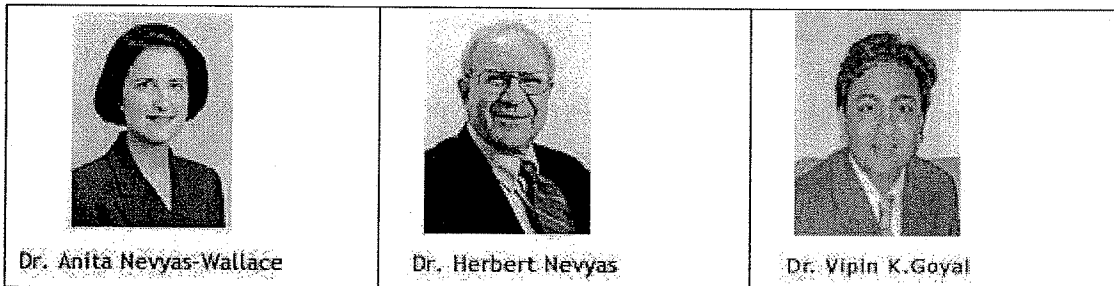
Refractive Errors

What refractive errors can you correct?

With refractive surgery of one variety or another, we can correct almost any refractive error in existence. We are experienced in a number of procedures, not just one. We choose the procedure best suited for each individual patient after careful examination. With our LASIK surgery, we can correct nearsightedness from -0.50 to -10.0 diopters and astigmatism from 0.50 to 6.0 diopters. We correct farsightedness from $+0.50$ to $+6.0$ diopters with hyperopic LASIK. We can correct almost any degree of nearsightedness or farsightedness with refractive lensectomy and crystalens implantation or with phakic intraocular lens implantation (the new ICL procedure). We have corrected as much as 42.0 diopters of nearsightedness and as much as 12.0 diopters of farsightedness. We have corrected as much as 14.0 diopters of astigmatism. Every case is different and must be evaluated individually. Drs. Herbert Nevyas, Anita Nevyas-Wallace and Vipin Goyal, the surgeons who will perform your evaluation are the same surgeons who will personally perform your evaluation.

How should I choose my eye surgeon?

It would be best to choose a surgeon who is highly skilled, experienced and well recommended. He or she should have recommendations from patients and particularly from doctors, especially eye doctors, who are familiar with his/her work. He or she should utilize an advanced excimer laser that is FDA approved. More important, you should meet with your surgeon prior to your surgery date and feel comfortable with his or her degree of skill.



Who does the refractive and cataract procedures at Nevyas Eye Associates and are they experienced?

The cataract and refractive surgeons at Nevyas Eye Associates are Dr. Herbert J. Nevyas MD, Dr. Anita Nevyas-Wallace M.D., and Dr. Vipin Goyal M.D. The surgeons are very experienced and prominent in their field. They have many years of experience in anterior segment and refractive surgery. Their refractive surgery experience extends to all aspects of refractive surgery, not just one or two modalities. Between they have performed over 50,000 cataract and laser surgical procedures.




What is the experience of the Nevyas doctors with refractive surgery?

We at Nevyas Eye Associates began performing refractive surgery in 1980 with radialkeratotomy, and then astigmatic keratotomy. In 1992 we began performing ALK(automated lamellar keratoplasty). ALK is similar to LASIK because a corneal flap is made in both procedures. The difference is that in ALK, the corneal reshaping underneath the flap is performed with the same sort of instrument that was used to actually make the flap. In LASIK, the laser is the instrument that is reshaping the cornea. Once LASIK became available in 1995, we switched to this procedure since the corneal reshaping was performed more precisely with the excimer laser.


What part will my current eye doctor play in my vision correction?

We work together with numerous eye doctors, both ophthalmologists and optometrists, in co-managing refractive surgical patients. We typically see each patient immediately post-operatively, and then the patient can return to his or her own eye doctor for some of the further follow up. Reports are sent to us at every visit and we keep close track of each patient.



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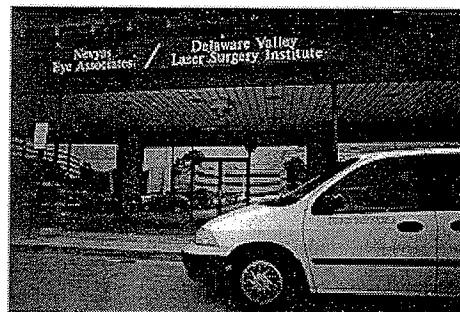
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Our Practice

Established in 1964, Nevyas Eye Associates specializes in medical and surgical ophthalmology. At our practice, you have the security of knowing you are in skilled hands. Our doctors are highly respected and are experienced in a wide range of advanced eye surgery.

Along with our main office in Bala Cynwyd, we have three other offices in the Philadelphia and Southern New Jersey areas, a staff of 10 Ophthalmologists, and over 50 support staff. The Bala Cynwyd office is home to the Delaware Valley Laser Surgery Institute, a fully accredited ambulatory surgery center, with two operating rooms and two minor surgery suites. It also houses our dedicated LASIK surgery suite. In both facilities, you will find state of the art equipment for your surgery. We pride ourselves on our sterile environment.

Delaware Valley Laser Surgery Institute



The operating suites of our Surgery Institute meet the same high standards as the operating suites of hospitals. They are fully accredited by the Accreditation Association for Ambulatory Health Care (AAAHC) and licensed by the State of Pennsylvania. Our LASIK suite was designed to be both temperature and humidity controlled. It houses our state-of-the-art LADARVision Excimer laser system.

Equally important for our patients, we are a facility dedicated to ophthalmic surgery. The Institute is custom designed to meet the needs of our surgeons. We use the newest equipment including many types of lasers, computerized corneal elevation topography, wavefront aberrometry, laser interferometry and ophthalmic ultrasound. Also, our staff members are specially trained to work with our surgeons and to support our patients and their families. Nevyas Eye Associates is a secure and supportive environment in which to have your ophthalmic procedure preformed performed.

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Our Doctors

Dr. Anita Nevyas-Wallace - Dr. Herbert J. Nevyas - Dr. Joann Yaskin Nevyas - Dr. Edward A. Deglin - Dr. Mitchell E. Stein

Dr. Kenneth E. Morgenstern - Dr. Vipin K. Goyal - Dr. Amiram M. Shapiro - Dr. Joshua M. Greene

Nevyas Eye Associates has a team of board certified ophthalmologists serving Philadelphia, Marlton, Haddenfield, Cherry Hill, Bala Cynwyd, West Manayunk, Center City, Rittenhouse Square, Northeast Philadelphia Airport, NE Philadelphia Airport, Pennypack, Ashton-Woodenbridge, Ashton-Wooden Bridge, and the surrounding area.

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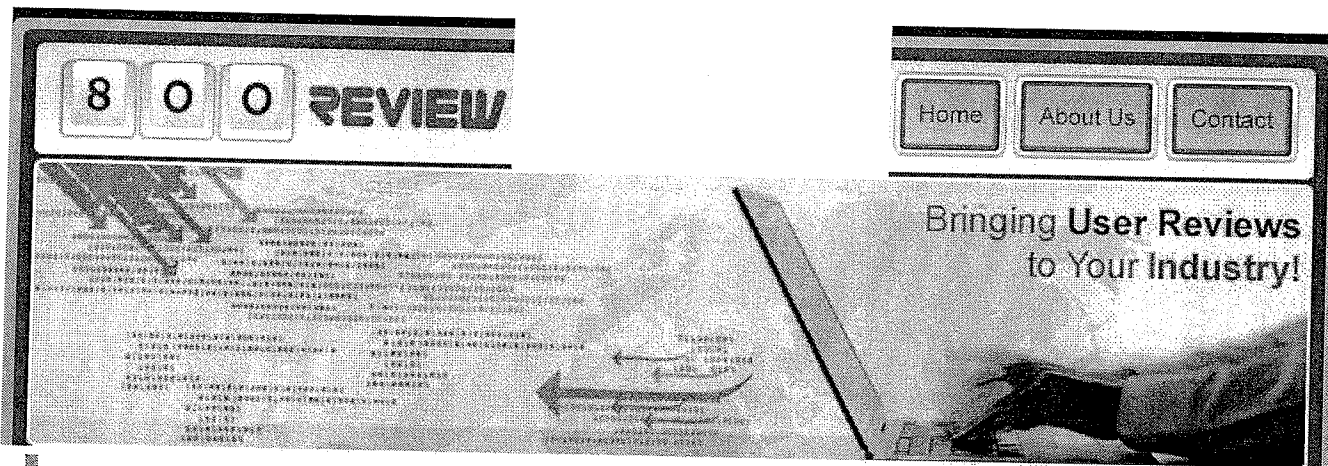
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Nevyas Eye Associates

As an optometrist and someone who has had LASIK performed, what kind of legwork do you recommend to people when researching and deciding whether they should get this done and by whom?

"Usually when patients are interested in refractive procedures, I recommend that they look for a surgeon that they feel comfortable with and also one that has experience. You should be comfortable with the person who performs the surgery because you will have concerns both from a vision standpoint and from an anxiety standpoint."

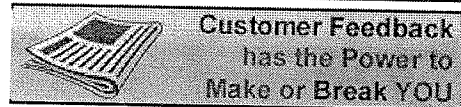
How do you feel about your results?

"I am very very pleased. From the moment that I had the procedure I was 20/20 and I experienced very very little discomfort. I was told that I could anticipate a little bit of glare night because I have a large pupil size. I did experience glare at night however it was never hindering because my vision was clear. After about three months it totally dissipated and is now gone."

- Dr. Tammy Schuler

"I'm one of those people who couldn't see the hand in front of their face when it's two feet in front. I wore glasses up until my 30's; I wore contacts after that. I hated it. I hated breaking the glasses. I hate cleaning the lenses. I hated not being able to see in the morning until I put the glasses on, I couldn't even read the clock."

"When I came to Nevyas Eye Associates what I really liked is, I didn't feel as if they were salespeople and they weren't trying to push me into it. They explained everything that was going to happen, step by step. I must have asked them six thousand questions, they never got tired of my questions. I probably had a lot of stupid questions. They never made me feel stupid about them. They figuratively held my hand through the procedure. I'm still amazed that I go to a football game, I go see the Philadelphia Eagles, and I'm up in the press box, I'm talking 200 yards away on the other side of the field is the head coach and I can see what he's saying and I can make out who he's talking to and I can see forever and that really has amazed me. I'll tell you something else and this again may sound corny, colors are brighter than they were. I used to see the leaves on the tress, I used to see the distance as sort of a shading of colors. Now I see the leaves on the trees and it's



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- A+** Excellent
- D** Below Avg
- B** Very Good
- E** Poor
- C** Average
- F** Run!

individual leaves. Now I look off into the distance and I can see the color breaking into that color. The surprise was how much better I see. I figured I would see about the same but not have to wear the glasses or the contacts. What I learned is, how much better I could see."

- **Glenn Macnow**

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nevyas eye associates blog

thursday, december 13, 2007

Nevyas Eye Associates

Nevyas Eye Associates is one of the most respected ophthalmologic surgical providers in the Delaware Valley. With outpatient surgery facilities located in Bala Cynwyd and additional offices for patient intake and post-surgery examinations in Center City, Northeast Philadelphia and Marlton, New Jersey, Nevyas Eye Associates is conveniently located and easy to find. Nevyas Eye Associates has the full accreditation of the Accreditation Association for Ambulatory Health Care (AAAHC) and is licensed by the State of Pennsylvania.

There are currently eight doctors on staff at Nevyas Eye Associates, all of whom have years of experience in their respective specialties.

Herbert J. Nevyas, MD, the founder of Nevyas Eye Associates, is a board-certified ophthalmologist and as well as a recognized leader in ophthalmic surgery. Dr. Nevyas has developed a number of surgical instruments and procedures that are used in ophthalmologic surgical facilities around the world, particularly in the areas of cataract and LASIK surgery. Dr. Nevyas' partner is Anita Nevyas-Wallace, MD, a board-certified ophthalmologist with a special interest in cataract surgery, LASIK surgery, Intacs surgery for Kerataconus, and Botox therapy for both medical and cosmetic indications. Dr. Nevyas-Wallace is also an innovator in the field of refractive surgery, and has designed and patented instrumentation to make refractive procedures safer and more precise. This emphasis on innovation means that patients at Nevyas Eye Associates receive the highest level of state-of-the-art treatment for their refractive surgery and other procedures.

Nevyas Eye Associates was established in 1964. For over forty years, Dr. Nevyas and his associates have continued to grow and to expand their practice. The newly designed LASIK suite at the Delaware Valley Laser Surgery Institute is dedicated entirely to ophthalmic surgery. The LASIK suite includes an assortment of lasers, computerized corneal topography equipment, and ophthalmic ultrasound equipment. In addition to provide excellent surgical care, the surgeons and staff of Nevya Eye Associates also work to ensure that their patients have a secure and supportive environment for their ophthalmic procedures and follow-up care.

In addition to being recognized worldwide as experts in the field of refractive surgery, Nevyas Eye Associates is also held in high regard by

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Nevyas Eye Associates

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eye doctors in the Delaware Valley region. Most of the patients who select one of Nevyas Eye Associate's surgeons to perform their procedure base their decision on the recommendation and referral of their regular eye doctor. Many optometrists and other eye care professionals have chosen Nevyas Eye Associates to perform their own refractive surgery or for surgeries that were performed on family members. Doctor referral rates to Nevyas Eye Associates are so high, in fact, that Nevyas is often referred to as "the doctor's doctor." If you visit Nevyas Eye Associates, chances are that you will be so impressed that you will want to make them your doctor, too.

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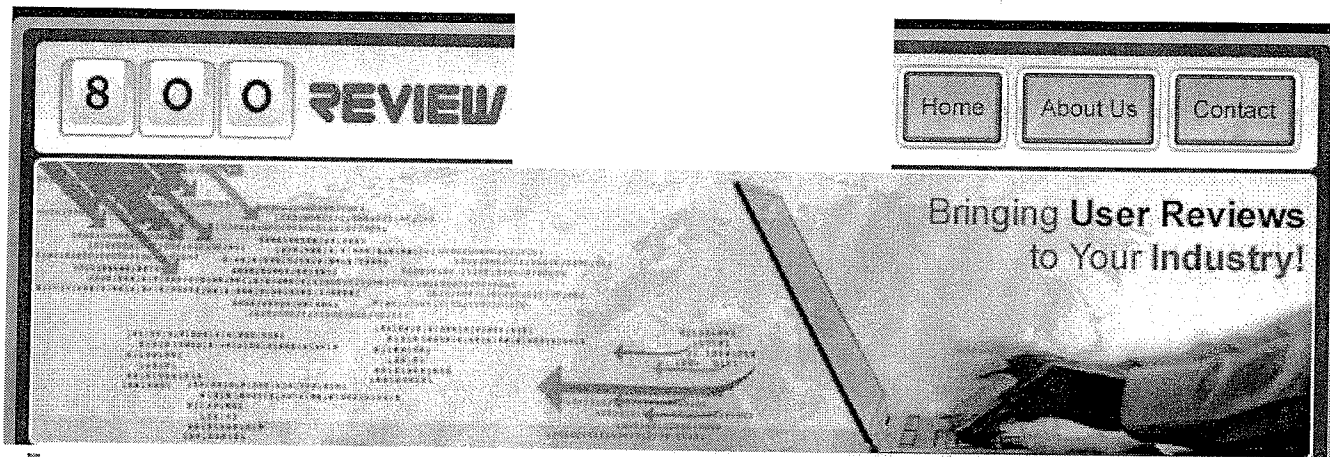
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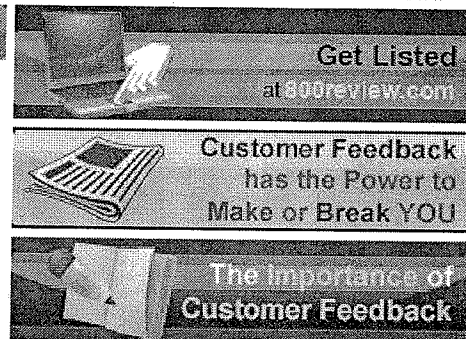
Nevyas Eye Associates

Nevyas Eye Associates has been helping patients in the Delaware Valley to see more clearly for more than 40 years. The doctors at Nevyas Eye Associates are specialists in refractive eye surgery; LASIK; and other ophthalmic procedures, including cataract surgery, glaucoma surgery, corneal transplant surgery and numerous other laser surgical procedures. Nevyas Eye Associates also provides cosmetic procedures for patients who want to improve their appearance and their vision.

Outpatient surgery facilities are located at Two Bala Plaza, on City Avenue, in Bala Cynwyd, PA. Additional offices for intake and post-surgery examinations are located in Center City, Northeast Philadelphia and Marlton, NJ. All surgical procedures are performed in Bala Cynwyd at the Delaware Valley Laser Surgery Institute, one of the most modern and well-equipped ophthalmologic surgical facilities in the Delaware Valley. The newly designed LASIK suite is dedicated entirely to ophthalmic surgery and includes an array of lasers, computerized corneal topography equipment, and ophthalmic ultrasound equipment. Although the facilities at the Delaware Valley Laser Surgery Institute are state-of-the-art, the doctors and staff at Nevyas Eye Associates understand that technology alone cannot meet all of the needs of their patients and their families. The surgeons and staff of Nevyas Eye Associates take care to ensure that their patients have a secure and supportive environment for their ophthalmic procedures and follow-up care.

Nevyas Eye Associates is one of the most respected ophthalmologic surgical providers in the region. Most of the patients who select one of Nevyas Eye Associates' surgeons to perform their procedure base their decision on the recommendation and referral of their regular eye doctor. Many optometrists and other eye care professionals have chosen Nevyas Eye Associates to perform their own refractive surgery or for surgeries that were performed on family members. Doctor referral rates to Nevyas Eye Associates are so high, in fact, that Nevyas is often referred to as "the doctor's doctor."

The founder of Nevyas Eye Associates is Herbert J. Nevyas, MD, a board-certified ophthalmologist and recognized leader in ophthalmic surgery, particularly cataract and LASIK surgery. Dr. Nevyas has developed a number of surgical instruments and procedures that are used in ophthalmologic surgical facilities around the world. Dr. Nevyas' partner is Anita Nevyas-Wallace, MD, a board-certified ophthalmologist with a special interest in cataract surgery, LASIK



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A+ Excellent	D Below Avg
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surgery, Intacs surgery for Kerataconus, and Botox therapy for both medical and cosmetic indications. Dr. Nevyas-Wallace is also an innovator in the field of refractive surgery, and has designed and patented instrumentation to make refractive procedures safer and more precise. There are currently eight doctors on staff, all of whom have years of experience in their respective specialties. Nevyas Eye Associates has the full accreditation of the Accreditation Association for Ambulatory Health Care (AAAHC) and is licensed by the State of Pennsylvania.

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Nevyas Eye Associates Bio

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News Type: Event — Thu Dec 13, 2007 11:15 AM EST

Nevyas Eye Associates was founded in 1964 by Herbert J. Nevyas, MD., a board-certified ophthalmologist and a recognized leader in cataract and LASIK surgery. Dr. Nevyas' goal was to provide refractive eye surgery and other ophthalmologic services to the other people of the Delaware Valley region and beyond. An innovator by nature, Dr. Nevyas has also developed several surgical instruments and procedures that are used by ophthalmologic facilities around the world. Dr. Nevyas is joined by Dr. Anita Nevyas-Wallace, MD, a board-certified ophthalmologist with a special interest in cataract surgery, LASIK surgery, Intacs surgery for Kerataconus, and Botox therapy for both medical and cosmetic indications. Dr. Nevyas-Wallace is also an innovator in the field of refractive surgery, and has designed and patented instrumentation to make refractive procedures safer and more precise.

Today, there are eight doctors on staff at Nevyas Eye Associates, all of whom have multiple years of experience in their respective specialties. The doctors at Nevyas Eye Associates perform refractive eye surgery; LASIK; and other ophthalmic procedures, including cataract surgery, glaucoma surgery, corneal transplant surgery and numerous other laser surgical procedures. Nevyas Eye Associates also provides cosmetic procedures for patients who want to improve their appearance and their vision. Nevyas Eye Associates has the full accreditation of the Accreditation Association for Ambulatory Health Care (AAAHC) and is licensed by the State of Pennsylvania.

Nevyas Eye Associates is one of the most respected ophthalmologic surgical providers in the Delaware Valley. Most of the patients who select one of Nevyas Eye Associates' surgeons to perform their procedure base their decision on the recommendation and referral of their regular eye doctor. Many optometrists and other eye care professionals have chosen Nevyas Eye Associates to perform their own refractive surgery or for surgeries that were performed on family members. Doctor referral rates to Nevyas Eye Associates are so high, in fact, that Nevyas is often referred to as "the doctor's doctor."

All surgeries are performed at the outpatient surgery facilities in the newly upgraded Delaware Valley Laser Surgery Institute, which is located at Two Bala Plaza, on City Avenue, in Bala Cynwyd, PA. The Delaware Valley Laser Surgery Institute is one of the most modern and well-equipped ophthalmologic surgical facilities in the Delaware Valley. Additional offices for intake and post-surgery examinations are located in Center City, Northeast Philadelphia and Marlton, New Jersey. The LASIK suite is dedicated entirely to ophthalmic surgery and includes an array of lasers, computerized corneal topography equipment, and ophthalmic ultrasound equipment. Although the facilities at the Delaware Valley Laser Surgery Institute are state-of-the-art, the doctors and staff at Nevyas Eye Associates understand that technology alone cannot meet all of the needs of their patients and their families. The surgeons and staff of Nevyas Eye Associates take care to ensure that their patients have a secure and supportive environment for their ophthalmic procedures and follow-up care.

Nevyas Eye Associates is often referred to as "the doctor's doctor" because of the high number of procedures that are performed on other doctors, their families, and their patients. If you visit Nevyas Eye Associates, chances are that you will be so impressed that you will want to make them your doctor, too.

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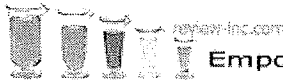
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Nevyas Eye Associates
has received Review-Inc.com's five star rating.
★★★★★

Nevyas Eye Associates was founded in 1964 by Herbert J. Nevyas, M.D., A board-certified ophthalmologist trained at the University of Pennsylvania and a recognized leader in cataract and LASIK surgery. Dr. Nevyas' goal was to provide the highest quality of cataract and refractive eye surgery and other ophthalmologic services to the people of the Delaware Valley region and beyond. An innovator by nature, Dr. Nevyas has numerous patents and has developed several surgical instruments and procedures which are used by eye surgeons around the world.

Dr. Nevyas is joined by Dr. Anita Nevyas-Wallace, a board-certified ophthalmologist with a special interest in cataract surgery, LASIK surgery, Intacs surgery for keratoconus, phakic intraocular lens implantation and Botox therapy for both medical and cosmetic indications. Dr. Herbert Nevyas and Dr. Anita Nevyas-Wallace have been pioneers in the implantation of the Crystalens® focusing intraocular lens to restore the ability to focus for near to patients who have had cataract surgery or refractive lens surgery. Dr. Anita Nevyas-Wallace has also been an innovator in the field of refractive surgery and has developed and patented instrumentation to make refractive procedures safer and more precise.

Today there are eight doctors on staff at Nevyas Eye Associates, all of whom have multiple years of experience in their respective specialties. The doctors at Nevyas Eye Associates perform refractive eye surgery such as LASIK, CK, bladeless LASIK and implantation of the "intraocular contact lens." They also perform cataract surgery, glaucoma surgery, corneal transplant surgery and numerous other laser surgical procedures. Nevyas Eye Associates also provides cosmetic procedures for patients who want to improve their appearance and their vision. Nevyas Eye Associates has the full accreditation of the Accreditation Association for Ambulatory Health Care (AAAHC) and is licensed by the State of Pennsylvania and approved by Medicare.

Nevyas Eye Associates is one of the most respected ophthalmologic surgical providers in the Delaware Valley. Most of the patients who select one of the Nevyas Eye Associates' surgeons to perform their procedure base their decision on the recommendation and referral of their regular eye doctor. Many optometrists and other eye care professionals have chosen Nevyas Eye Associates to perform their own refractive surgery or for surgeries that were performed on family members. Doctor referral rates to Nevyas Eye Associates are so high, in fact, that Nevyas is often referred to as "the doctor's doctor."

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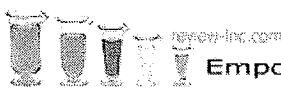
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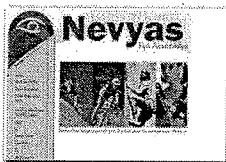
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If you don't know what customer feedback is, you should. It's one of the surest ways of knowing beyond a doubt that your company is meeting customer needs and doing what you promise to do every day.

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"When I went in for my consultation, I felt very comfortable with the Doctor and his nurses. They explained everything thoroughly and gave me the opportunity to ask many questions. They were even able to offer me a great payment plan. During surgery, the doctor explained everything step by step as how it would happen and there was a nurse there to hold my hand during the surgery. Surprisingly, it only lasted 20 minutes and the doctor carefully led me by my arm to my family. Instantly, I was able to see! A year later, I have no complaints and love that I don't have to wear contacts and glasses again! Dr. Nevyas and his staff were very professional and I highly recommend them to anyone!"

★★★★★ Megan C

Well, obviously what I was looking at was the opportunity to not have to wear glasses anymore but primarily I looked at all the potential operations that were available and I've been looking for a lot of years. I have the benefit of being the son of an optometrist, so for about the last fifteen years I've been looking for some way to avoid wearing my glasses and at some point it was made known to me that there was this LASIK procedure which has a very high level of success, for which I was a very good candidate.

After being through this procedure I'm ecstatic. I'm also grateful to Dr. Nevyas-Wallace. Since I had the procedure, I am corrected glasses free. I am thrilled."

★★★★★ Andrew

"I am very very pleased. From the moment that I had the procedure I was 20/20 and I experienced very very little discomfort. I was told that I could anticipate a little bit of glare night because I have a large pupil size. I did experience glare at night however it was never hindering because my vision was clear. After about three months it totally dissipated and is now gone."

★★★★★ Dr. Tammy Schueler

"When I came to Nevyas Eye Associates what I really liked is, I didn't feel as if they were salespeople and they weren't trying to push me into it. They explained everything that was going to happen, step by step. I must have asked them six thousand questions, they never got tired of my questions. I probably had a lot of stupid questions. They never made me feel stupid about them. They figuratively held my hand through the procedure. I'm still amazed that I go to a football game, I go see the Philadelphia Eagles, and I'm up in the press box, I'm talking 200 yards away on the other side of the field is the head coach and I can see what he's saying and I can make out who he's talking to and I can see forever and that really has amazed me. I'll tell

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you something else and this again may sound corny, colors are brighter than they were. I used to see the leaves on the tress, I used to see the distance as sort of a shading of colors. Now I see the leaves on the trees and it's individual leaves. Now I look off into the distance and I can see the color breaking into that color. The surprise was how much better I see. I figured I would see about the same but not have to wear the glasses or the contacts. What I learned is, how much better I could see."

***** Glenn

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17 JUN 2009 04:05 pm

Civil Administration

EXHIBIT "G"



Refractive Surgery

Herbert J. Nevyas, M.D.
Anita Nevyas-Wallace, M.D.

Surgical procedures now make it possible to permanently eliminate or significantly reduce the need to wear glasses or contact lenses, even for people with very large refractive errors that require thick lenses. Appropriate surgery can modify the eye to enable light rays to converge properly on the retina. Various operations can reduce or correct nearsightedness, farsightedness, and astigmatism.

Modern refractive surgery became popular in the United States through radial keratotomy (RK), which was introduced from Russia in the early 1980s. In this operation, incisions made in the outer part of the cornea cause the central part of the cornea to flatten. This can correct a mild degree of nearsightedness.

Initially, even though the procedure looked promising, many eye surgeons cautioned that there were no long-term data showing that the procedure was safe and likely to improve vision permanently. Many authorities also objected to the idea of operating on healthy eyes when the use of eyeglasses or contact lenses could enable them to see adequately.

In 1990, the Journal of the American Medical Association published the Prospective Evaluation of Radial Keratotomy (PERK) study of about 400 patients, most of whom had been followed for four years [1]. About two-thirds of the patients achieved their goal of eliminating glasses or contact lenses, and nearly all of the others improved considerably [2]. No severe complications occurred. Many patients reported seeing radiating light (flare) around light sources such as headlights or street lights at night. In most cases, this diminished as time went on. Most patients reported that it did not interfere with their normal activities, but some said it interfered severely with night driving. A ten-year follow-up study of 374 of the patients found that 70% said they did not use corrective lenses for distance vision and 53% had 20/20 vision without glasses [3].

We now know that the accuracy of this operation can be increased by varying the incisions according to the patient's age. In 1993, the American Academy of Ophthalmology noted that about 10% of ophthalmologists were doing RK, that hundreds of thousands of procedures had been performed, and that the operation usually improved the vision of patients with non-progressive low and moderate amounts of nearsightedness [4]. Today RK is used mostly for small myopic refractive errors, especially in older patients in whom the operation is more effective. The required incisions are small and far enough from the center of the cornea that postoperative flare is uncommon. Mild to moderate degrees of astigmatism can be corrected by astigmatic keratotomy (AK), in which arc-shaped corneal incisions are located far enough from the optical axis to make postoperative complications unlikely.

Newer techniques involving computerized assessment, precisely calculated cutting patterns, and lasers have made refractive keratotomy more predictable. Computerized topography can be used preoperatively to determine the best procedure and postoperatively to determine whether additional correction might be indicated. The newest apparatus measures the true elevation of the cornea and gives the surgeon an accurate topographic picture of the corneal surface [5-7]. The newer operations include the following.

Photorefractive keratotomy (PRK): An excimer laser is used to correct low to moderate degrees of nearsightedness. The correction is fairly precise but not completely predictable.

The recovery period varies, and the final refractive state may not be known for three to six months. During the procedure, the corneal surface is removed, which means that the eye will be very painful for a few days until the cornea regrows. Hazy vision (with cloudy vision) is common for a few months, but goes away eventually in most cases. This procedure is being phased out by most surgeons in favor of LASIK surgery [8-12].

Automated lamellar keratoplasty (ALK): The cornea is reshaped by a microkeratome, a precise mechanical instrument that peels an outer flap and then removes a calculated amount of material from underneath. The outer flap is then put back into place and adheres firmly after just a few minutes. This operation can correct high degrees of nearsightedness. Since the corneal surface is not removed, there is little if any postoperative discomfort. However, this procedure is seldom used today because LASIK surgery is more accurate.

Laser in-situ keratomileusis (LASIK): The outer corneal flap is made as in ALK, and an extremely precise underlying cut is made with an excimer laser [13]. Each laser pulse removes just 0.25 microns of tissue (1/100,000th of an inch). LASIK techniques can be used to correct astigmatism and farsightedness as well as myopia. The results are nearly always predictable. There is usually no operative pain or postoperative discomfort. This operation is preferred throughout the world by eye surgeons who have sufficient experience and have access to the necessary equipment. Several eye-surgery centers in the United States have FDA approval to perform LASIK surgery, and many individual ophthalmologists are performing LASIK with laser devices approved by the FDA for PRK. LASIK is effective in a wide range of refractive errors (-15 to +5) and for up to 5 diopters of astigmatism. Excellent results have been reported [14-21].

Lens replacement: For people who are farsighted or severely nearsighted, an alternative approach is replacement of their natural lens with an artificial lens of a more appropriate power [22-27]. This is essentially the same operation as cataract surgery, an operation that has been perfected. In patients who are beginning to develop a cataract or who are within the older cataract age group, this approach is logical. In patients with extremely high refractive errors, it is often the best choice.

Phakic intraocular contact lens implantation: A special lens is placed either in front of or behind the iris so that it works with the eye's natural lens to bend the light rays more appropriately. In younger patients this procedure preserves the ability to focus. Some problems have been reported, but the most refined form of this procedure looks promising. It is being actively investigated and has been gaining acceptance worldwide. Only a few patients have been treated in the United States under an FDA protocol thus far.

Benefits vs. Risks

People contemplating refractive surgery should discuss the potential benefits and risks with an ophthalmic surgeon who is well regarded by the medical and optometric communities. As with any type of surgery, complications can occur. With corneal procedures, it is not unusual for the patient to experience flare around lights at night, especially younger patients who have large pupils. Undercorrection or overcorrection may occur and may necessitate a second "enhancement" procedure. Sometimes glasses may be required even after this surgery; and rarely, corneal irregularity may require even continued use of contact lenses.

With LASIK, complications in the cutting of the corneal flap can lead to corneal irregularity. Sometimes

wrinkles occur in the cap, requiring lifting and refloating of the cap; and sometimes corneal epithelial tissue grows under it and has to be removed. The excimer laser ablation itself could be off-center, resulting in reduced vision, halos around lights, and astigmatism.

Lens-replacement surgery carries with it the possibility of all the complications that could occur with cataract surgery, such as infection, bleeding, and retinal detachment. These are rare nowadays, but all patients who have lens-replacement surgery lose the ability to focus for near vision and must wear a reading glass unless one eye is purposely left focused for near vision (monovision). One advantage of lens-replacement surgery is that these patients will never develop a cataract. The phakic lens implantation bears with it the rare possibility of infection and also of producing a cataract that eventually requires cataract surgery.

Satisfaction with modern refractive surgery is very high, and complications are rare. Most patients do well, gaining a whole new world of freedom from dependence on eyeglasses or contact lenses. Even so, the risk involved may not justify the use of surgery if adequate vision and comfort can be achieved with eyeglasses or contact lenses. Individuals who wish to explore the possibility of refractive surgery should seek a qualified eye surgeon who is thoroughly experienced in the various procedures.

About the Authors

The authors are ophthalmologists who specialize in refractive surgery. Dr. Herbert Nevyas is Clinical Professor of Ophthalmology at the Medical College of Pennsylvania. Their main office and ambulatory surgical center are located in the Philadelphia area at Two Bala Plaza, Bala Cynwyd, PA 19004. Telephone: (610) 668-2777.

For Additional Information

- Be wary of the Lasik Vision Institute
- LASIK Institute

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Quackwatch Home Page

This article was revised on April 24, 1999.

EXHIBIT "H"

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IN THE COURT OF COMMON PLEAS
PHILADELPHIA COUNTY, PENNSYLVANIA

HERBERT J. NEVYAS, M.D., : NOVEMBER 03
et al. :
DOMINIC MORGAN and :
STEVEN A. FRIEDMAN : 946

COPY

Oral deposition of
Richard H. Sterling, M.D., taken pursuant
to Notice, held at the offices of
Nevyas Eye Associates, 333 Bala Cynwyd
Avenue, Bala Cynwyd, PA, on Friday,
June 10, 2005, at 9:35 a.m., before
John W. Begley, a Federally Approved
Registered Professional Reporter - Notary
Public in and for the Commonwealth of
Pennsylvania.

ESQUIRE DEPOSITION SERVICES
15th Floor
1880 John F. Kennedy Boulevard
Philadelphia, Pennsylvania 19103
215 - 988-9191

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Questions Marked

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1 THE COURT REPORTER: Usual
2 stipulations?

3 MR. FRIEDMAN: That's fine.

4 MR. ALBERT: That's fine.

5 MR. SILVERMAN: That's fine.

6 - - -

7 (It is hereby stipulated by
8 and among counsel for the
9 respective parties that the
10 reading, signing, sealing, filing
11 and certification are waived, and
12 that all objections, except as to
13 the form of the questions, be
14 reserved until the time of trial.)

15 - - -

16 Richard H. Sterling, M.D.,
17 after having first been duly
18 sworn, was examined and testified
19 as follows:

20 - - -

21 EXAMINATION

22 - - -

23 BY MR. ALBERT:

24 Q. Dr. Sterling, I'm Jeffrey

1 Q. In what capacity or
2 capacities are you presently employed by
3 Nevyas Eye Associates?

4 A. Director of
5 interprofessional relations.

6 Q. Of interprofessional
7 relations?

8 A. Yes.

9 Q. And when did you assume that
10 title?

11 A. Ten years ago.

12 Q. And what are your
13 responsibilities as director of
14 interprofessional relations?

15 A. My responsibilities are to
16 network, work with the different
17 optometrists, primarily optometrists in
18 the area. South Jersey and Philadelphia.

19 Q. And when you say primarily
20 optometrists, are there other
21 professionals with whom you work in terms
22 of this network besides optometrists?

23 A. Ophthalmology.

24 Q. And is there a list of

1 Q. And who does the data entry?

2 A. Kristin.

3 Q. And how does that data entry
4 come about? How does Kristin get the
5 information which she then enters?

6 A. Letters. Letters that are
7 written to the referring doctors.

8 Q. And who sends out the
9 referring, the letters to the referring
10 doctors?

11 A. The surgeon.

12 Q. Are you at all involved in
13 that process by which the surgeon sends
14 out these letters to the referring
15 doctors?

16 A. No.

17 Q. Now, with respect to your
18 involvement as a director, as the
19 director of interprofessional relations,
20 what do you do in terms of dealing with
21 the actual or prospective sources of
22 referrals?

23 MR. SILVERMAN: Now?

24 MR. PLAINTIFF: Now.

1 MR. SILVERMAN: You may
2 answer.

3 THE WITNESS: What I do, we
4 do a lot of continuing education
5 seminars. All day seminars and
6 two-hour seminars. I help to put
7 the calendar together. I don't
8 development the lectures. And
9 help with registration of those
10 doctors at the meetings, and I do
11 things as menial as taking their
12 names and filling out a form.

13 BY MR. ALBERT:

14 Q. And I assume that, in
15 addition to doing the menial things, you
16 also attend the sessions?

17 A. Yes.

18 Q. And do you present at these
19 sessions?

20 A. No.

21 Q. When you are at the sessions
22 do you have face-to-face contact with
23 those who attend other than having them
24 fill out the forms?

1 start to answer.

2 THE WITNESS: Okay.

3 MR. SILVERMAN: I know that
4 you know what he's going to ask,
5 but it is hard for the
6 stenographer to take it down in
7 stereo, so just give him a chance
8 to finish the question.

9 MR. ALBERT: Thank you, Mr.
10 Silverman.

11 BY MR. ALBERT:

12 Q. Now, with respect to these
13 various continuing education activities,
14 how often are they done?

15 A. Well, we did an all day
16 seminar in the spring, we do another one
17 in September, and then approximately six
18 over the course of the year, so I would
19 say about eight. Eight to ten.

20 Q. Now, when you say six and
21 then you said eight to ten, the six that
22 you are referring to are two hours?

23 A. Yes.

24 Q. And sometimes that number

1 will change?

2 A. Whether it will -- yes,
3 whether it four presentations or the --
4 the all day ones, obviously, are from
5 eight to five.

6 Q. Now, with respect to these
7 all-day seminars, the last one was held
8 this spring?

9 A. The last one was held this
10 spring. April third, I believe it was.

11 Q. And how many people
12 attended? How many professionals
13 attended?

14 A. I would say 200.

15 Q. And where was it held?

16 A. It used to be called the
17 Twelve Caesars. Now I believe it is the
18 City Line -- City Avenue Hilton.

19 Q. And when the prior one was
20 held in September, I gather, '04 --

21 A. Yes.

22 Q. -- how many attended?

23 A. 40. Approximately 40.

24 Q. And if we went back to

1 MR. SILVERMAN: Attended as
2 opposed to presenters?

3 MR. ALBERT: That's right.

4 BY MR. ALBERT:

5 Q. Who attended in the sense
6 that they were there, whether they were
7 presenting or they were there just to
8 eat.

9 A. Yes, there were others there
10 from Nevyas Eye Associates.

11 Q. Were there other medical
12 professionals who were there from Nevyas
13 Eye Associates?

14 A. Yes.

15 Q. And who was there besides
16 yourself?

17 A. Besides me?

18 Q. Besides yourself.

19 A. The entire staff of Nevyas
20 Eye Associates.

21 Q. Is the office closed on days
22 in which the seminars are held?

23 A. It is a Sunday. Yes. If
24 you are referring specifically to the

1 contact with either Dr. Sterling or Dr.
2 Wolbransky concerning this subject matter
3 of the websites and referral of patients?

4 A. No.

5 Q. Now, with respect to the
6 number of medical professionals referring
7 patients to Nevyas Eye Associates, do you
8 have some awareness as to whether or not
9 that number has increased or decreased
10 during the last four years?

11 A. I believe it has decreased,
12 but that's just anecdotal. I don't have
13 any solid numbers.

14 Q. I understand you may not.
15 Has anybody, to your knowledge, studied
16 the referral sources or network of Nevyas
17 Eye Associates, to your knowledge, during
18 the last four years?

19 A. Studied, no. Collated,
20 maybe, but not studied.

21 Q. Well, part of your
22 responsibility, I assume, is to encourage
23 awareness of Nevyas Eye Associates among
24 medical professionals who might refer

1 patients. What have you done over the
2 last four years other than be involved in
3 these continuing education seminars?

4 MR. SILVERMAN: Aside from
5 seeing patients?

6 BY MR. ALBERT:

7 Q. Well, personal medical
8 services that he may perform. Yes..

9 A. I make site visits to the
10 doctors' offices.

11 Q. And how much of your average
12 month is devoted to these site visits?

13 A. I would say 2/3 of my time.

14 Q. And when you make a site
15 visit I assume that part of that purpose
16 is to actually meet with the medical
17 professional; is that correct?

18 A. Yes.

19 Q. Do you know how many medical
20 professionals you meet with in making
21 these site visits in an average month?

22 A. I have an idea. I don't
23 have a solid number for you.

24 Q. Okay.

1 A. I would say three days a
2 week I could probably see six to eight,
3 maybe more, so that's even times four.
4 70, I would say.

5 Q. Now, I understand these
6 numbers are rough.

7 A. Yes.

8 Q. And you don't have these
9 numbers written down and you don't have
10 precise numbers, but if you say 70 in an
11 average month, and assuming some vacation
12 time and whatever else, it would be fair
13 to say that you would see, in the course
14 of an average year, at least 500 --

15 A. Yes.

16 Q. -- medical professionals in
17 these site visits. Would that be true?

18 A. Yes.

19 Q. And you have been doing
20 basically the same program of spending
21 three days a week visiting these medical
22 professionals during this last four
23 years?

24 A. During certainly these last

1 two years. Two years prior to that I was
2 spending a good amount of my time in the
3 office.

4 Q. Now, when you say the last
5 two years, when did it change such that
6 you were devoting more time to the site
7 visits than you had been previously?

8 A. When did it change? I'm
9 sorry. Say that again.

10 Q. When did it change so that
11 you began to spend more time on site
12 visits than you had been?

13 A. I don't know the specific
14 date. It basically changed because how
15 busy or not busy we were here and some of
16 the other responsibilities I have.

17 Q. So you were less busy
18 here --

19 A. No, I was -- well, yes, at
20 times I was less busy, so I was out
21 there.

22 Q. Was there any other reason
23 that it changed such that you began to
24 make more site visits than you had

1 previously been making?

2 A. No.

3 Q. Now, with respect to your
4 being more busy or less busy, was there
5 some change in your duties or
6 responsibilities here which occurred,
7 whether in terms of performing
8 professional services here or other kinds
9 of work that you do here?

10 A. It was not a result of; it
11 was essentially trying to go out there in
12 the community a little more. That was
13 it. It wasn't anything specific that
14 changed my pattern.

15 Q. Now, how much of a change
16 was there in your pattern? You mentioned
17 that now you are spending three days a
18 week on the average doing these site
19 visits?

20 A. Yes.

21 Q. How many days a week were
22 you spending previously doing site
23 visits?

24 A. Again, it sort of changed

1 BY MR. ALBERT:

2 Q. And with respect to the new
3 technology that is featured or discussed
4 at these continuing education program
5 seminars, what has been the new
6 technology that has been focused on or
7 discussed in the last year or so?

8 A. In the last year or so it is
9 specifically crystal lens and also
10 wavefront excimer laser application.

11 Q. Now, with respect to LASIK
12 eye surgery before wave front was
13 developed, was that a subject at these
14 seminars?

15 A. Yes.

16 Q. When was it last? When was
17 LASIK eye surgery last a topic of any of
18 these continuing education programs?

19 A. The entire theme, you mean?

20 Q. Yes.

21 A. In other words, at these
22 lectures we will have seven hours of
23 lectures. There might be two or three
24 hours of lectures specifically about

1 refractive surgery. Not necessarily
2 LASIK, but refractive surgery.

3 Q. And has that been basically
4 the same over the last four years, about
5 two hours over the all day program are
6 devoted to refractive eye surgery?

7 A. About the same.

8 Q. And with respect to these
9 shorter two-hour programs, are they on
10 one topic or multitude topics?

11 A. One topic.

12 Q. And when was a two-hour
13 program last devoted to refractive eye
14 surgery?

15 A. I would have to look at the
16 calendar, but within the last six months.

17 Q. Okay. And has there been a
18 change in the frequency in which these
19 two-hour programs have been devoted to
20 refractive eye surgery over the last
21 three years?

22 A. No.

23 Q. And with respect to the
24 number of doctors who attend these

1 could make?

2 Q. Yes.

3 A. Yes.

4 Q. And how would you go about
5 obtaining the data for such a study?

6 A. Just looking at the
7 attendance of each one of those lectures.

8 Q. And understanding that you
9 don't have that information right in
10 front of you now --

11 A. Yes.

12 Q. -- what is it or what facts
13 are you focusing on which give rise to
14 your belief anecdotally that there has
15 been a decrease in the attendance at
16 refractive eye surgery lectures?

17 A. Just simply observation.
18 Being at these lectures and seeing who's
19 there and who's not.

20 Q. Now, the lectures that we
21 are talking about, are they held both in
22 Pennsylvania and New Jersey?

23 A. Yes.

24 Q. And with respect to those

1 lectures, would it be fair to say that in
2 both Pennsylvania and New Jersey about
3 one such two-hour program is held on
4 refractive surgery each year?

5 A. Yes.

6 Q. When was the last such
7 program held in either Pennsylvania or
8 New Jersey devoted to refractive eye
9 surgery?

10 A. Again, I would have to get
11 the calendar, but within the last six
12 months. I want to say January.

13 Q. Do you recall whether that
14 was in Pennsylvania or New Jersey?

15 A. It was New Jersey.

16 Q. And how many attended that
17 session?

18 A. I'm not sure. I want to say
19 eight to ten.

20 Q. Now, understanding that your
21 impression is that the number has
22 declined, do you have any understanding
23 as to why it has declined?

24 A. No.

1 A. Not really, no.

2 Q. Now, with respect to the
3 management of Nevyas Eye Associates, do
4 you participate in any management
5 meetings?

6 A. No.

7 Q. And I gather you are not an
8 officer, a corporate officer, of Nevyas
9 Eye Associates, either in Pennsylvania or
10 New Jersey; is that correct?

11 A. Correct.

12 Q. And with respect to your
13 involvement in terms of the network other
14 than these site visits and the continuing
15 education, you don't have any other
16 activities outside of the confines of
17 Nevyas Eye Associates?

18 A. I have -- would you repeat
19 the question.

20 MR. SILVERMAN: Do you
21 understand the question?

22 THE WITNESS: No.

23 BY MR. ALBERT:

24 Q. Let me focus on one aspect

1 of that. Is there anything else that you
2 do, in terms of making the world aware of
3 the services available here at Nevyas Eye
4 Associates, other than your good
5 professional services that you perform
6 here, your involvement in the site
7 visits, and your being involved in the
8 continuing education program?

9 A. No.

10 Q. And with respect to your own
11 patients, those that you directly
12 one-on-one have contact with, have any of
13 them mentioned to you anything about any
14 website concerning refractive eye surgery
15 or LASIK eye surgery?

16 A. No.

17 Q. And how many patients do you
18 see a year?

19 A. I see postop, prior to the
20 surgeons.

21 Q. Okay.

22 A. And I do not see everyone,
23 and they are all refractive patients.

24 Q. I understand that.

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Nevyas Eye Associates



Nevyas Eye Associates has been helping patients in the Delaware Valley to see more clearly for more than 40 years. The doctors at Nevyas Eye Associates are specialists in refractive eye surgery; LASIK; and other ophthalmic procedures, including cataract surgery, glaucoma surgery, corneal transplant surgery and numerous other laser surgical procedures. Nevyas Eye Associates also provides cosmetic

procedures for patients who want to improve their appearance and their vision.

Outpatient surgery facilities are located at Two Bala Plaza, on City Avenue, in Bala Cynwyd, PA. Additional offices for intake and post-surgery examinations are located in Center City, Northeast Philadelphia and Marlton, NJ. All surgical procedures are performed in Bala Cynwyd at the Delaware Valley Laser Surgery Institute, one of the most modern and well-equipped ophthalmologic surgical facilities in the Delaware Valley. The newly designed LASIK suite is dedicated entirely to ophthalmic surgery and includes an array of lasers, computerized corneal topography equipment, and ophthalmic ultrasound equipment. Although the facilities at the Delaware Valley Laser Surgery Institute are state-of-the-art, the doctors and staff at Nevyas Eye Associates understand that technology alone cannot meet all of the needs of their patients and their families. The surgeons and staff of Nevyas Eye Associates take care to ensure that their patients have a secure and supportive environment for their ophthalmic procedures and follow-up care.

Nevyas Eye Associates is one of the most respected ophthalmologic surgical providers in the region. Most of the patients who select one of Nevyas Eye Associates' surgeons to perform their procedure base their decision on the recommendation and referral of their regular eye doctor. Many optometrists and other eye care professionals have chosen Nevyas Eye Associates to perform their own refractive surgery or for surgeries that were performed on family members. Doctor referral rates to Nevyas Eye Associates are so high, in fact, that Nevyas is often referred to as "the doctor's doctor."

The founder of Nevyas Eye Associates is Herbert J. Nevyas, MD, a board-certified ophthalmologist and recognized leader in ophthalmic surgery, particularly cataract and LASIK surgery. Dr. Nevyas has developed a number of surgical instruments and procedures that are used in ophthalmologic surgical facilities around the world. Dr. Nevyas' partner is Anita Nevyas-Wallace, MD, a board-certified ophthalmologist with a special interest in cataract surgery, LASIK surgery, Intacs surgery for Kerataconus, and Botox therapy for both medical and cosmetic indications. Dr. Nevyas-Wallace is also an innovator in the field of refractive surgery, and has designed and patented instrumentation to make refractive procedures safer and more precise. There are currently eight doctors on staff, all of whom have years of experience in their respective specialties. Nevyas Eye Associates has the full accreditation of the Accreditation Association for Ambulatory Health Care (AAAHHC) and is licensed by the State of Pennsylvania.

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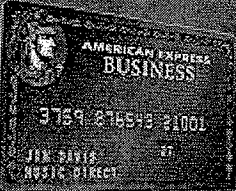
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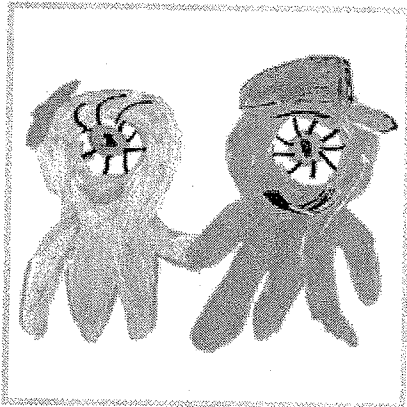
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Our facility is dedicated to ophthalmic surgery, and features the latest in vision technology and technique for the most outstanding eye surgery results. We specialize in LASIK, glaucoma surgery, cataract surgery, corneal transplant surgery, and other refractive procedures.

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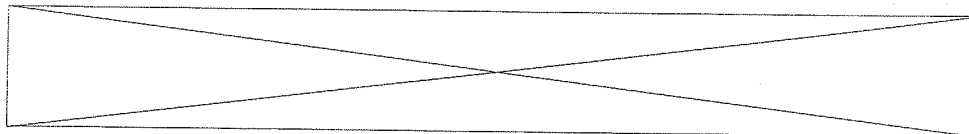
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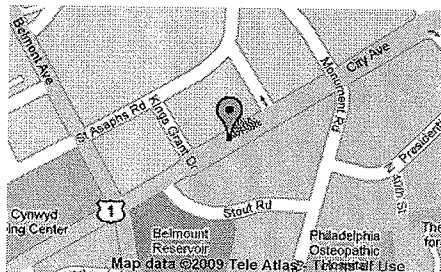
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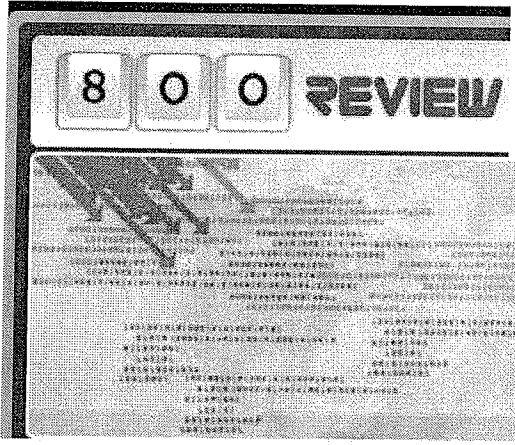


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Posted on Sun, Oct. 30, 2005

A new way to look at things

An ophthalmologist and her son were part of a team that performed eye surgeries in rural Mexico.

By Julie Shaw
Inquirer Suburban Staff

Ana Maria Ramirez's eyes had gradually worsened. At 62, she was nearly blind and couldn't make out her grandchildren's faces.

She couldn't afford a private eye doctor. So she, like others in the state of Zacatecas in central Mexico, traveled to the small town of Jerez de Garcia Salinas in Zacatecas.

A group of eye doctors, on a mission for the California nonprofit group Surgical Eye Expeditions International, was going to be at a small hospital for a few days, providing free exams and operations.

Anita Nevyas-Wallace, an ophthalmologist at Nevyas Eye Associates in Bala Cynwyd, was one of the five doctors. The other four were from Mexico, including the two host doctors, a husband-and-wife team who lived in Jerez.

This was Nevyas-Wallace's first time working in Mexico. She had visited and studied in the country before. Her son, Jonathan Wallace, a senior at Harriton High School, also went on this summer's trip, serving as a surgical assistant.

The experience showed them how advanced surgical conditions are in the United States compared to rural Mexico. But more important, they were able to change the way people see the world around them. Literally.

During the first three of their four days at the hospital, the five eye doctors performed 132 procedures. They stayed another day for follow-up exams. They worked from 8 a.m. to midnight, stopping for little breaks to eat a sandwich or drink water.

Even though they were based at a local hospital, they had to bring their own equipment and supplies.

Nevyas-Wallace, 46, of Penn Valley, and her son brought with them from the United States two boxes full of medicine, eye drops, intraocular lenses (clear lenses that replace the cloudy lenses, or cataracts, removed during surgery), sterile gloves, surgical masks and surgical scrub sponges. Surgical Eye Expeditions, manufacturers and doctors' offices, including Nevyas-Wallace's own, donated the supplies.

The Mexican doctors provided the surgical microscopes and the phacoemulsification machines, used in cataract surgery to break up a cloudy lens.

Jonathan, who spent a month before the trip reading about eye surgery and its related equipment, had never been to Mexico. Unlike his mother, he didn't know Spanish.

But even Nevyas-Wallace learned that not everyone in Mexico speaks Spanish. Some patients spoke the indigenous Indian languages of Nahuatl and Huichol. They had translators with them.

Jonathan, 17, said: "I gained a real appreciation of how good the medical care is in this country... It was also very moving being able to help these people."

Ramirez, the grandmother, was one of those patients. She had cataracts in both eyes.

Nevyas-Wallace was able to remove the cataract in just one eye. With so many patients in need, and limited time and resources, the doctors decided to perform surgery on one eye per patient, even if the person had problems with both eyes. This way, they could help more people see better.

The day after her surgery, Ramirez sat in the exam room waiting for Nevyas-Wallace to remove the bandage from her

right eye. She looked nervous.

Nevyas-Wallace took off the bandage. Ramirez smiled. She looked out the window and said, "*Las hojas* [the leaves]."

It was the first time, in many years, that Ramirez could see the individual green leaves. Before, a tree was one big blur.

She looked at her hands, noticing the wrinkles and dark tones.

"She looked at our faces as if she hadn't seen faces for a while," Nevyas-Wallace said. Another doctor was also in the room. "She cried. She blessed us. She hugged us."

Contact suburban staff writer Julie Shaw at 610-313-8212 or jshaw@phillynews.com.

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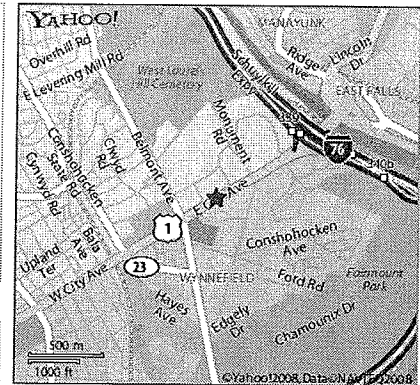
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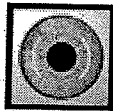
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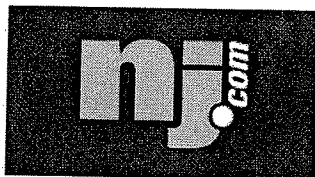
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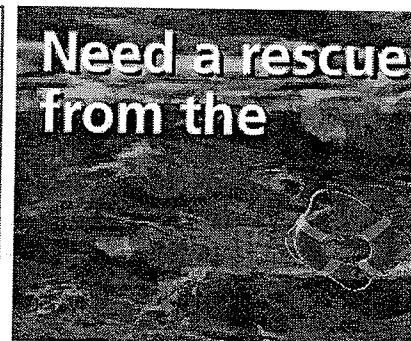
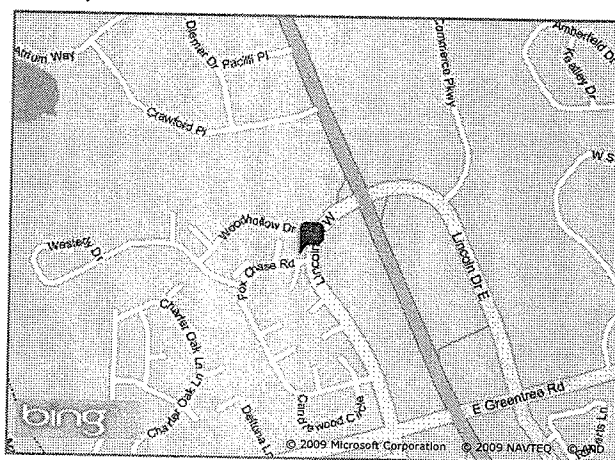
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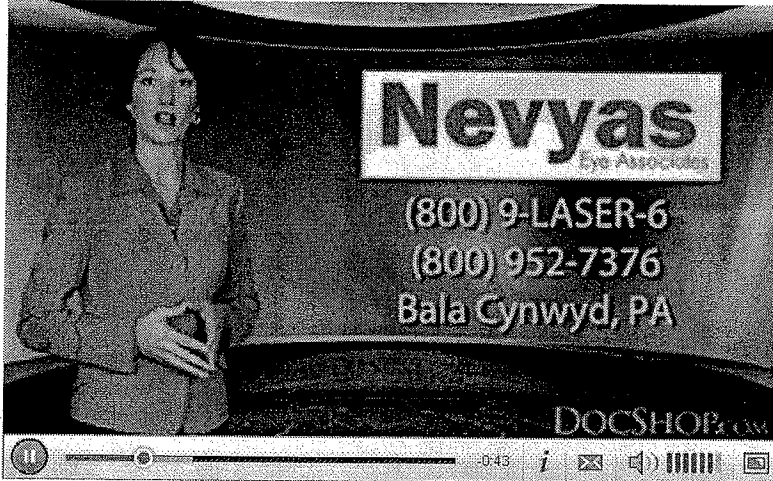
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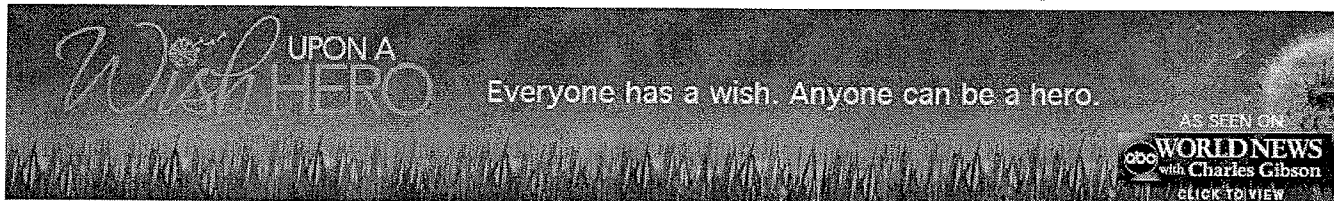
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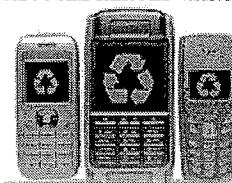
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Philadelphia, PA 19114
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Steven L Rodis, MD Vineland, NJ

BA Centre College of Ky 1963; PhD George Washington Univ 1970; M.D. University of michigan 1972. (click for more info)

Dr. Steven B Siepser Wayne, PA

BS (1968) Tufts University; MD (1974) State University of New York; Ophthalmology Residency (1979) (click for more info)

Harvey Fracht Conshohocken, PA

Dartmouth College, BA, 1988; NYU School of Medicine, MD 1994; NYU Medical Center, Residency, 1998; Wills Eye Hospital, Cornea and Refractive Surgery Fellowship, 1999 (click for more info)

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Dr. David Galiani, MD

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 Center City
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 Tele: (215) 925-6402
 URL: www.kaytabas.com

Mark H. Belcher, MD

Philadelphia Eye Associates

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Philadelphia, PA 19148
Tel: 215 339-8100
Location 2: 2610 East Allegheny Avenue
Philadelphia, PA 19134
Tel: 215 423-5154
Location 3: Wills Eye Hospital
9th & Walnut Streets
Philadelphia, PA 19107
Tel: 215 339-8100
Location 4: 1113 Hospital Drive, Suite 302
Willingboro, NJ 08046
Tel: 609 871-1112
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Total Eye Care Centers
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Herbert J. Nevyas, M.D.
Anita Nevyas-Wallace, M.D.
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Tele: (610) 668-2777
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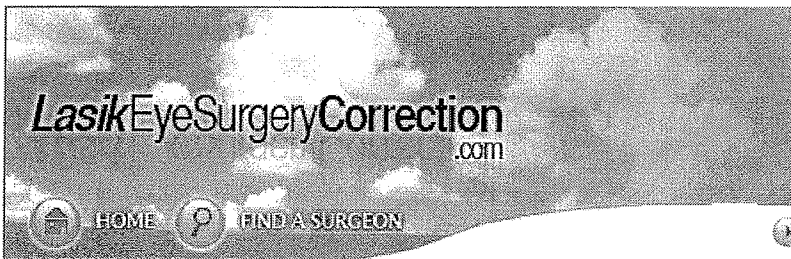
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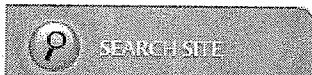
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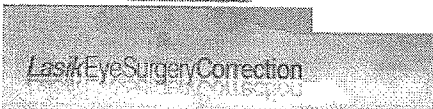
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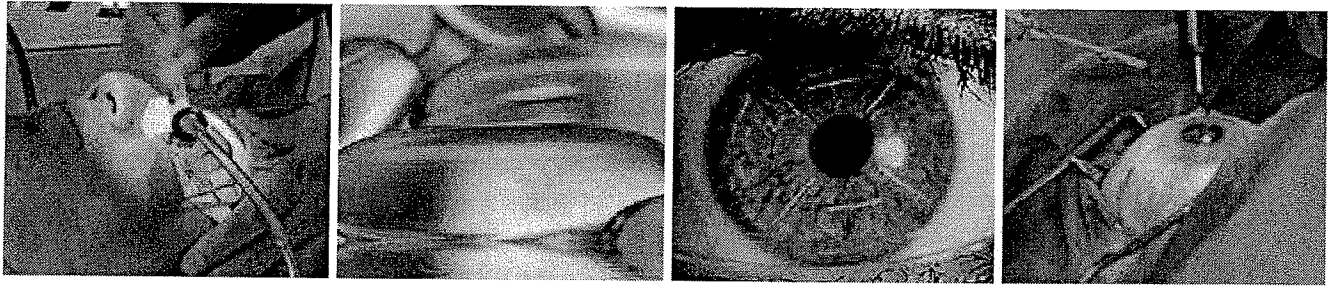
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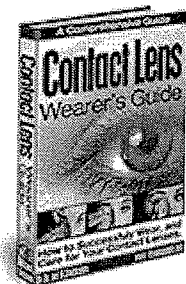
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PHILADELPHIA COUNTY, PENNSYLVANIA

HERBERT J. NEVYAS, M.D., : NOVEMBER 03
et al. :
DOMINIC MORGAN and :
STEVEN A. FRIEDMAN : 946

Oral deposition of
Caroline Cowper, taken pursuant to
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Nevyas Eye Associates, 333 Bala Cynwyd
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June 10, 2005, at 3:50 p.m., before
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<p>1 APPEARANCES: 2 STEIN & SILVERMAN 3 BY: LEON W. SILVERMAN, ESQUIRE 4 230 South Broad Street 5 Philadelphia, PA 19102 6 Phone: 215 - 985-0255 7 Representing the Plaintiffs 8 9 MC KISSOCK & HOFFMAN 10 BY: JEFFREY B. ALBERT, ESQUIRE 11 1818 Market Street 12 Philadelphia, PA 19103 13 Phone: 215 - 246-2100 14 Representing the Defendant 15 Steven A. Friedman 16 17 LAW OFFICES OF STEVEN A. FRIEDMAN 18 BY: STEVEN A. FRIEDMAN, ESQUIRE 19 850 West Chester Pike - First Floor 20 Havertown, PA 19083 21 Phone: 610 - 789-0568 22 Representing the Defendant 23 Dominic Morgan 24</p>	<p>2</p>	<p>1 DEPOSITION SUPPORT INDEX 2 3 Direction to Witness Not To Answer 4 Page Line Page Line 5 6 7 8 Request For Production of Documents 9 Page Line Page Line 10 none 11 12 Stipulations 13 Page Line Page Line 14 5 9-16 15 16 Questions Marked 17 Page Line Page Line 18 none 19 20 21 22 23 24</p>	<p>4</p>
<p>1 --- 2 I N D E X 3 --- 4 Testimony of Caroline Cowper PAGE 5 By Mr. Albert 5, 36 6 By Mr. Friedman 26, 38 7 --- 8 E X H I B I T S 9 --- 10 EXHIBIT DESCRIPTION PAGE 11 none 12 13 14 15 16 17 18 19 20 21 22 23 24</p>	<p>3</p>	<p>1 THE COURT REPORTER: Usual 2 stipulations? 3 MR. FRIEDMAN: That's fine. 4 MR. ALBERT: That's fine. 5 MR. SILVERMAN: That's fine. 6 --- 7 (It is hereby stipulated by 8 and among counsel for the 9 respective parties that the 10 reading, signing, sealing, filing 11 and certification are waived, and 12 that all objections, except as to 13 the form of the questions, be 14 reserved until the time of trial.) 15 --- 16 Caroline Cowper, after 17 having first been duly sworn, was 18 examined and testified as follows: 19 --- 20 EXAMINATION 21 --- 22 BY MR. ALBERT: 23 Q. Ms. Cowper, I'm Jeffrey 24 Albert. I'm an attorney for Mr. Friedman</p>	<p>5</p>

1 in this suit, and I'm going to be asking
2 you some questions.
3 Have you ever had your
4 deposition taken before?
5 A. No.
6 Q. Just to explain the
7 procedure, when I or anybody talks in the
8 course of this proceeding, and when you
9 talk, the Court Reporter takes down every
10 word that is spoken, so, first, we want
11 to make sure that you hear the question.
12 Sometimes our voices drop off or we get
13 tired of talking or we are talking into
14 papers or doing something else, so you
15 are not going to hear it, or we maybe
16 don't get the question right in the sense
17 that it just doesn't make any sense or
18 it's not clear to you. We want you to
19 make sure that you both heard and
20 understood the question. If you respond
21 to the question other than by saying,
22 Hey, repeat it or I don't know, I don't
23 know what you are saying, we will assume
24 that you both heard and understood the

1 question.
2 Do you understand that
3 instruction?
4 A. I do.
5 Q. And, obviously, as you have
6 gathered, I think, in terms of your
7 response, we want you to respond verbally
8 to all of the questions, yes, no or
9 whatever the answer happens to be. Do
10 you understand that?
11 A. Yes.
12 Q. Could you state your full
13 name and your present residence address?
14 A. Caroline Cowper, and it is
15 1035 Radnor Road in Wayne.
16 Q. And what's your capacity
17 here at Nevyas Eye Associates?
18 A. I'm a refractive surgery
19 coordinator.
20 Q. And how long have you been a
21 refractive surgery coordinator?
22 A. Since 2001. Summer 2001.
23 Q. And we have just been shown
24 by Kristin KS-1, which is the document

1 that is in front of you. Have you ever
2 seen that before? (Indicating).
3 A. Yes.
4 Q. Did you participate in any
5 way in preparing what's KS-1?
6 A. I did.
7 Q. And what participation did
8 you have?
9 A. Well, this is a spreadsheet
10 we keep. It is an ongoing spreadsheet we
11 add to after surgery days.
12 Q. Sometimes you add to it and
13 sometimes she adds to it; is that
14 correct?
15 A. Correct.
16 Q. And have you reviewed this
17 particular document, which has been
18 marked as KS-1?
19 A. I have.
20 Q. Are you satisfied that it is
21 fair and accurate, in terms of the
22 content that you are familiar with?
23 A. Yes.
24 Q. Now, with respect to your

1 involvement in terms of your duties and
2 responsibilities, could you tell us what
3 it is that you do in your capacity here
4 at Nevyas Eye Associates?
5 A. Well, I work with the
6 patients in taking their calls when they
7 are being seen for surgery, we work them
8 up in the exam, schedule them for surgery
9 and are with them throughout the surgery
10 day from start to finish.
11 Q. Do you have any
12 administrative responsibilities other
13 than to the extent of making the entries
14 that are on KS-1?
15 A. Meaning other spreadsheets?
16 Q. Yes, spreadsheets or other
17 kinds of things you do.
18 A. Yes. Do you mean just in
19 the sense of spreadsheets?
20 Q. What are the spreadsheets
21 that you are involved with other than the
22 spreadsheet which we see here at KS-1?
23 A. We keep track of
24 advertising, how patients heard of us, we

14
1 Q. And have you reviewed the
2 spreadsheet to see how many total names
3 are on that spreadsheet?
4 A. Yes.
5 Q. Are there more than the two
6 names of the patients that you had
7 contact with?
8 A. No, there's two.
9 Q. Just the two?
10 A. Right now.
11 Q. What did those patients say?
12 I'm not looking for the names of the
13 patients, you understand.
14 A. Right. They just mentioned
15 that they had seen a website and it
16 concerned them. They were both about to
17 have surgery and it was causing second
18 thoughts, so they just wanted to know
19 what it was all about.
20 Q. Did they proceed with the
21 surgery?
22 A. They did.
23 Q. Now, when they said it
24 caused second thoughts, what did they

15
1 tell you? Was it anything about what the
2 thoughts were that were concerning them?
3 A. I think just in general the
4 whole thing. Everything that they had
5 seen on the website.
6 Q. And did they reference a
7 particular website?
8 A. Yes.
9 Q. And was it the website that
10 is involved in this?
11 A. Yes.
12 MR. SILVERMAN: That would
13 be lasiksucks4u.com?
14 THE WITNESS: Correct.
15 BY MR. ALBERT:
16 Q. There's other publicity on
17 the Internet concerning eye surgery,
18 LASIK eye surgery, some of which is
19 positive and some of is which is
20 negative; is that correct?
21 A. I have seen other sites.
22 Q. And have any of the patients
23 that you have dealt with over these years
24 while you have been working here at

16
1 Nevyas Eye Associates mentioned any of
2 those other websites?
3 A. Not by name, no.
4 Q. So some said they had seen
5 websites that raised questions in their
6 minds about whether or not they should go
7 through with the procedure?
8 A. Very, very rarely, but yes.
9 Q. How many different patients
10 do you deal with in an average month?
11 A. In an average month?
12 Q. Yes.
13 A. I have no idea.
14 Q. Are you dealing with a
15 dozen?
16 A. Easily, yes.
17 Q. Maybe two dozen?
18 A. Sure.
19 Q. So over the space of the
20 year you would be dealing with several
21 hundred patients?
22 A. Sure.
23 Q. And that would be true each
24 of the years that you have been here; is

17
1 that correct?
2 A. Yes.
3 Q. Have you had any discussions
4 with Dr. Herbert Nevyas or Dr. Anita
5 Nevyas-Wallace about their feelings about
6 the website, this lasersucks4u?
7 A. Their feeling about it being
8 on the web?
9 Q. Yes.
10 A. Yes.
11 Q. Have they told you that it
12 has affected them in any particular way
13 other than they don't like it?
14 A. Sure.
15 Q. What did they say to you?
16 A. It you caused them a lot of
17 anxiety and stress, which is obvious
18 without them having to say anything.
19 Q. Other than the anxiety and
20 stress, have they said anything else
21 about how it has affected them?
22 A. They are concerned about how
23 it has affected the patients. The loss
24 of patients.

<p>18</p> <p>1 Q. Have you noticed a loss of 2 patients?</p> <p>3 A. Well, it is hard to say.</p> <p>4 Q. Now, we have been given 5 various numbers, I'm not going to try to 6 make you an expert on the numbers, we are 7 hardly experts on these numbers 8 ourselves, some of which would show the 9 number of total refractive procedures, 10 and you understand that there are various 11 kinds of procedures where some are down 12 for a while and now, at least in 2004, 13 they have gone up. Are you aware of 14 that?</p> <p>15 A. Sure.</p> <p>16 Q. Do you know why they went up 17 in 2004?</p> <p>18 A. Many reasons.</p> <p>19 Q. Well, could you offer us 20 some?</p> <p>21 A. I wouldn't be able to say 22 anything specifically, but I know LASIK 23 volume in general has started to come up 24 again.</p>	<p>20</p> <p>1 the stations, or is that all handled by 2 Kristin?</p> <p>3 A. Mainly it is Kristin. I 4 will answer phones and work with them, 5 but she mainly is the one that would do 6 that.</p> <p>7 Q. Have there been, in terms of 8 either TV or radio or, for that matter, 9 newspaper coverage, which has been 10 unfavorable concerning LASIK surgery or 11 the use of lasers that you are aware of 12 in the last three years?</p> <p>13 A. Not just Nevyas Eye 14 Associates?</p> <p>15 Q. Yes.</p> <p>16 A. I'm sure there have been.</p> <p>17 Q. Is there any that you have 18 particularly seen or been brought to your 19 attention?</p> <p>20 A. Not specifically, no.</p> <p>21 Q. Have you done Internet 22 searching with respect to LASIK eye 23 surgery or refractive eye surgery? 24 A. Sure.</p>
<p>19</p> <p>1 Q. Had it gone down before?</p> <p>2 A. After 9/11 it went down a 3 bit. The economy, of course, plays a big 4 role. I couldn't pinpoint why.</p> <p>5 Q. And there are some new 6 technologies that are being used in 7 refractive surgery now that weren't in 8 use at 9/11; is that right?</p> <p>9 A. Yes.</p> <p>10 Q. Now, with respect to your 11 involvement, are you involved in any way 12 in publicizing the practice?</p> <p>13 A. In the sense of creating ads 14 or --</p> <p>15 Q. Yes.</p> <p>16 A. Yes.</p> <p>17 Q. I know there are ads that 18 are run on radio stations.</p> <p>19 A. Sure.</p> <p>20 Q. And that you participate in 21 creating those ads.</p> <p>22 A. Yes.</p> <p>23 Q. Do you have any role in 24 terms of placing the ads and contacting</p>	<p>21</p> <p>1 Q. And have you shared your 2 research with anybody here?</p> <p>3 A. Sure.</p> <p>4 Q. What kind of research have 5 you done?</p> <p>6 A. We look at competitors' 7 websites, we check our companies, our 8 laser equipment and other equipment that 9 we use, we check their websites.</p> <p>10 Q. Do you keep track or do you 11 know whether anybody keeps track of the 12 number of hits on the Nevyas Eye 13 Associates website?</p> <p>14 A. I do not, and I don't know 15 that anyone is doing that right now.</p> <p>16 Q. Now, you said it is pretty 17 apparent that Dr. Nevyas and Dr. Anita 18 Nevyas-Wallace have had anxiety and been 19 concerned about patient reaction to the 20 website. Other than your general 21 conclusion, have you seen anything in 22 their day-to-day conduct either which 23 would, if you could, describe an 24 indication that they were suffering from</p>

1 I don't see it as often.
 2 **Q. You mentioned before that**
 3 **you also look at websites of your**
 4 **competitors?**
 5 A. Yes.
 6 **Q. Who are your competitors?**
 7 A. For the LASIK, you mean?
 8 **Q. Yes. Sure.**
 9 A. Kremer would be the biggest,
 10 Seipser, LASIKPlus. Those are the main
 11 ones.
 12 **Q. Have they changed their**
 13 **Internet advertisements or postings or**
 14 **whatever in the last few years?**
 15 A. I couldn't answer that. I
 16 don't look at them enough to notice week
 17 to week, month to month, year to year.
 18 **Q. Is that you are not sure**
 19 **if -- I didn't -- is there any one of**
 20 **them that you look more at than the**
 21 **other?**
 22 A. No.
 23 **Q. How do you decide to look at**
 24 **which one?**

1 A. Well, just Kremer is
 2 probably the biggest competitor, so we
 3 look at his, and if we hear that
 4 something new has come out that they are
 5 talking about on the radio, or if we see
 6 an advertisement in the paper we will go
 7 on their website and look to see what
 8 they are talking about, or if someone
 9 will call and compare us to another
 10 company, we will go on their website and
 11 see what they are talking about.
 12 **Q. Is that, looking at the**
 13 **website to see what the competitors say,**
 14 **is that part of your job also then?**
 15 A. Yes.
 16 **Q. How about looking at other**
 17 **places, looking in newspapers or**
 18 **magazines? Philadelphia Magazine comes**
 19 **to mind. Do you look at anything else?**
 20 A. No, not really. If I see an
 21 ad and I'm flipping through a newspaper I
 22 will look at it, but I am not doing it to
 23 find an ad like that.
 24 MR. FRIEDMAN: I don't have

1 anything further.
 2 ---
 3 BY MR. ALBERT:
 4 **Q. I just have one or two very**
 5 **short questions.**
 6 **You mentioned a competitor**
 7 **Siepsner?**
 8 A. Yes.
 9 **Q. Can you spell that?**
 10 A. I think it is S I E P S E R
 11 or maybe S E I.
 12 **Q. And is Siepsner located in**
 13 **Philadelphia?**
 14 A. King of Prussia.
 15 **Q. And LASIKPlus is located**
 16 **where?**
 17 A. I believe King of Prussia.
 18 They have multiple locations.
 19 **Q. And Kremer has multiple**
 20 **locations.**
 21 A. Yes.
 22 **Q. Are you involved at all in**
 23 **the New Jersey operation?**
 24 A. Yes.

1 **Q. And what involvement do you**
 2 **have with New Jersey?**
 3 A. I go there to see patients
 4 once a week.
 5 **Q. And Dr. Anita**
 6 **Nevyas-Wallace, when you say you don't**
 7 **have contact with her as much as you do**
 8 **with Dr. Herbert Nevyas, is that because**
 9 **you are basically assigned to Dr. Herbert**
 10 **Nevyas and Kristin is assigned to Dr.**
 11 **Anita Nevyas-Wallace, or some other**
 12 **reason?**
 13 A. No, she is here less often.
 14 **Q. And "she" meaning Dr. Anita?**
 15 A. Yes.
 16 **Q. Dr. Anita is not here as**
 17 **much. Where is she?**
 18 A. Not working.
 19 **Q. So she doesn't putting in as**
 20 **many hours at either facility as Dr.**
 21 **Herbert Nevyas; is that right?**
 22 A. Correct.
 23 **Q. Is there any limitation on**
 24 **her practice time or is this just her**

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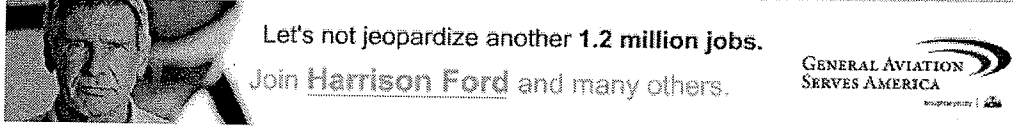
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F.D.A. Advisory Panel Endorses A New Laser Procedure for Eyes

Published: Saturday, July 12, 1997

Government advisers cautiously backed the next generation of eye surgery lasers today, acknowledging their potential to cure nearsightedness faster and with less pain but requesting more data.

A Food and Drug Administration panel voted unanimously that surgery with the new lasers, called Lasik, should be approved after the operation's developers provide the additional data. The request could keep the surgery off the market until year's end.

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"Lasik can be more satisfactory to patients" than the current eye surgery laser, said an F.D.A. adviser, Dr. Woodford Van Meter of the University of Kentucky. "It clearly is effective."

But Lasik is a complicated procedure, the F.D.A. panel said. It asked the technique's developers, at Emory University, to provide proof that patients' vision had stabilized properly 6 to 12 months after surgery and that side effects were not inordinately frequent after eyes were treated again for further vision enhancement.

"It's not a drive-through procedure," warned Dr. Marian Macsai, director of West Virginia's Medical Eye Bank.

The F.D.A. is not bound by advisory committee decisions but usually follows them.

Doctors can try to cure nearsightedness by reshaping a patient's cornea, by cutting tiny incisions into it with a knife or by blasting it with a cold beam of ultraviolet light from an instrument called an excimer laser. Thousands of Americans with mild to moderate nearsightedness have tried the latter option, undergoing the popular photorefractive keratectomy, or P.R.K., since the F.D.A. approved it in late 1995.

Lasik (it rhymes with basic) can treat more severe nearsightedness. Unlike its competitors, it does not injure the clear membrane covering the cornea, so healing should be faster and less painful.

"From the patients' point of view, this is a much more user-friendly procedure," said Dr. George Waring of Emory, who helped develop the P.R.K. procedure with the excimer laser. "The big point is that half the people we treated wouldn't qualify for P.R.K. today because they had too much nearsightedness."

Surgeons use a specially designed \$60,000 knife to slice off that membrane, leaving a small hinge of tissue connecting it to the eye and folding it aside. Then doctors use the laser on the inner cornea. The flap is folded back, adhering to the eye through suction, not stitches.

Tech Update

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About 90 percent of the eyes treated had 20/40 vision or better without glasses several months after Lasik, Dr. Waring said. It takes three to six months for vision to stabilize.

About 4 percent of the Lasik patients had somewhat worse vision after surgery than before, a risk similar to that posed by P.R.K.

A version of this article appeared in print on Saturday, July 12, 1997, on section 1 page 7 of the New York edition.

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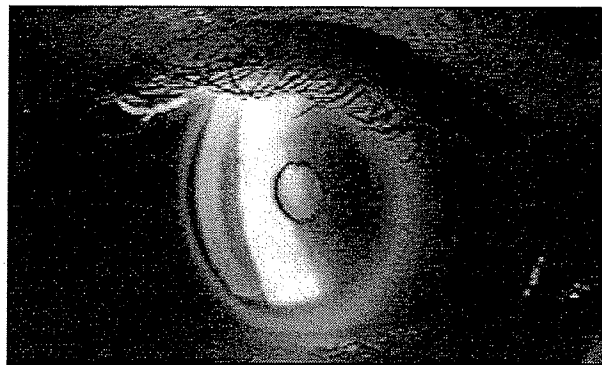
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Laser eye surgery risks highlighted



Around 100,000 people have laser surgery each year. Consumer experts have warned that patients undergoing laser eye surgery are not being told about the risks they could be taking with their sight.

Laser surgery, which can cost thousands of pounds, is increasingly popular.

But the investigation by Health Which? also reveals any doctor can carry out the treatment after just a few days of training - they do not need a specialist qualification.

The magazine also found complication rates vary between surgeons and clinics.

Around 100,000 people, tired of wearing glasses or contact lenses, undergo corrective laser eye surgery in the UK every year.

The procedure is seen as quick and simple, and has received many celebrity endorsements.

“ While some people will be able to throw away their glasses, this won't be the case for everyone

Sue Freeman, Health Which?

Health Which? looked at clinics offering the Lasik procedure - the most popular on offer.

But whilst some highlight a low risk of complications with the procedure, others say

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the risk is non-existent.

stabbed

'Misleading adverts'

In very rare cases, complications can lead to corneal ectasia, where fluid pressure builds up on the eye.

Patients can need a corneal transplant to correct the condition.

Other complications, though deemed "minor" by clinics, occur "relatively frequently", according to a review by the American Academy of Ophthalmology.

Patients can experience dry eyes or night vision problems, which can affect ability to drive or work in the evening or in dim light.

Health Which? also says that the Medical Defence Union and the Medical Protection Society, both doctors' insurance companies, are raising the fees they charge doctors working in this field because of increased compensation claims by patients.

Questions

David Gartry, a consultant ophthalmologist at Moorfields Eye Hospital has helped draw up Royal College of Ophthalmologist' guidelines on who should carry out laser eye surgery.

The guidelines say that only doctors with specialist training should carry out the procedure.

Mr Gartry told BBC News Online patients should find out as much as possible about the surgeon likely to carry out their operation.

"This is a situation where patients are responding to adverts, or even incentives.

"Patients should be asking the sort of questions they would ask if they were having, say, a hernia operation.

"What are the complication rates? What will happen if something goes wrong? Will I see the surgeon again?"

**Links to more UK stories
are at the foot of the
page.**

Dan Reinstein, who is developing safety guidelines for the Medical Protection Society, added: "Expert surgeons are better equipped to avoid complications even if they have not previously seen them.

"And when these do occur, trained experts will have the knowledge and ability to correct them."

'Highest clinical standards'

Sue Freeman, managing editor of Health Which?, said: "Patients shouldn't be taken in by claims about the safety and success rates of laser eye surgery and in particular about so called 'minor complications'.

"While some people will be able to throw away their glasses, this won't be the case for everyone."

She added: "Patients should be fully informed of the possible risks and of the complication rates of clinics and individual surgeons.

"Until patients are able to make informed choice, they need to do a lot of research and ask a lot of hard questions of surgeons and clinics."

Here are a selection of your comments on this subject.

My wife had corrective laser treatment in November 2002 and all the literature she received quoted 'best case' examples of people being back at

“ If my wife had known what it was going to be like she would never have had it done ”

G Fuller, UK

work the next day. Unfortunately she experienced massive discomfort and complete blindness for a week which failed to be controlled by the painkillers and sleeping pills prescribed by the clinic. In her own words "if she had known what it was going to be like she would never have had it done".

G Fuller, UK

Following surgery at the age of 44, I now have 20-20 vision, can use normal sunglasses

(essential in Australia and at high altitude) and no longer have problems with rain or fogging. I saw a specialist surgeon in Belgium who used the latest equipment. I have had one (free) adjustment operation to correct some astigmatism in one eye.

I have experienced some minor double-vision, slight loss of night vision, and initially starbursts/haloes around strong light sources - the latter now much reduced. For me these are very minor compared with the joy of being able to see the stars with the naked eye for the first time. I was given a video recording of the operation but this is not for the squeamish, and best seen afterwards.

Charles Barran, Australia

After many years of consideration I finally took the decision to have laser treatment in December 2001. I opted for Lasek and was talked through all the possible complications and even had to take a little test to ensure I was fully aware of all possible side effects. After a thorough consultation I then had both eyes done simultaneously. I won't pretend the days following the treatment were bliss, I was in some discomfort for 3 to 4 days but after that had passed my eyes soon began to heal.

It was strange but having worn glasses for so long for a month or so afterwards I was still trying to push glasses that weren't there back up the bridge of my nose! It is now over a year since and I have perfect 20/20 vision. Just very occasionally my eyes are a little dry in the morning but I consider this a tiny inconvenience.

Edward Lacey, UK

I'd like to know if Sue Freeman would recommend micro lenses inserted into the eye as a better option than Lasik eye surgery. Would she be so kind as to find out on my behalf. I would like to lose my glasses. I did intend to have Lasik surgery but have now been scared off with the latest news regarding unsuccessful operations.

Vincent Jones, Dorset, UK

I had Lasik surgery last year and it was the best thing I ever did. I was fully informed by the company regarding any potential risks (and clear details on the procedures are on their website anyway). It was great just

waking up the next day and not having to fumble around looking for glasses, and no fussing about shoving bits of plastic in my eyes each day!

Dave, UK

I had laser surgery in June 2001 and have been more than satisfied with the results and the service I received. I felt under no pressure to make a decision and that I was able to make an informed choice to go ahead with the procedure. I agree though that you do need to ask questions and be aware that there are risks - but isn't this the case for any sort of medical procedure? It is also essential to use a reputable company, unfortunately there are rouses out there, look at cosmetic surgery.

Kate Austin, England

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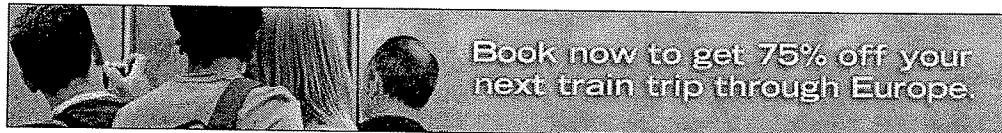
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AUTOS



BULLETIN BOARD; Fewer People Choosing Lasers Over Lenses

By KATHLEEN O'BRIEN
Published: Sunday, February 2, 2003

About 162 million people in the United States need some form of eyeglasses or contact lenses. So far, only about 3 million have tried to put away their glasses forever and undergo corrective laser surgery.

Prices have dropped for the most common form of laser surgery, called Lasik, to an average of around \$1,600 for each eye, but 21 percent fewer people had laser correction in the first nine months of last year compared with the same period in 2001. David R. Harmon, president of Marketscope, an ophthalmology research firm, blames the weak economy for the falloff. The surgery is not covered by most insurance policies.

Many people are satisfied with the surgery, but risks include impaired vision, according to the Food and Drug Administration. Details can be found at its Web site, www.fda.gov/cdrh/lasik.

KATHLEEN O'BRIEN

Charts show: PEOPLE RECEIVING LASER VISION CORRECTION AVERAGE PRICE OF LASIK CORRECTIVE EYE SURGERY SALES OF ALCOHOLIC BEVERAGES Year-over-year change, weekly NEW MORTGAGE APPLICATIONS Year-over-year change, weekly CLOTHING PRICES Change in consumer price index PERSONAL BANKRUPTCY FILINGS Totals in thousands, weekly ONLINE SALES Dollars in billions, weekly HOTEL OCCUPANCY RATES Four-week moving average, daily NEW YORK CHICAGO LOS ANGELES (Sources: Jobson Optical Research [vision correction]; Marketscope [Lasik prices]; Information Resources [alcoholic beverages]; Economy.com [mortgage applications]; Bureau of Labor Statistics [clothing]; Lundquist Consulting [bankruptcies]; comScore Networks [online sales]; Smith Travel Research [hotel occupancy])

A version of this article appeared in print on Sunday, February 2, 2003, on section 3 page 12 of the New York edition.

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Under the Laser, Up Close and Personal

By DIANE SIERPINA
Published: Sunday, May 17, 1998

ROBERT POWERS was obviously nervous. It was a March morning, Friday the 13th, there was a full moon and he and his friend Joe Beitz were having eye surgery.

They arrived at the office of Dr. Robert T. Spector in Stamford for a last minute consultation before heading on a 20-minute ride to White Plains, N.Y., for the operation called Lasik that Mr. Powers hoped would correct his nearsightedness.

"I'm assuming the worst," said Mr. Powers, 51, of his chances for perfect vision. "Dr. Spector is pretty conservative. I'm not going to get -- as he says -- a 16-year-old's vision again. I may well need reading glasses. But it's a compromise. I'll risk it."

Added Mr. Beitz, 41, "It's really not a vanity thing. It's really just convenience. But my wife thinks I look better without glasses."

Once at TLC-White Plains Laser Center, the men sign consent forms and then have the thickness and surface shape of their corneas measured by two computerized machines -- a pachymeter and a typography camera. These data are programmed into the laser to assure the right size of the cornea cut and amount of laser beam applied for each patient's sight correction. The laser's calibration is checked by two technicians and the doctor before surgery begins.

"No one wants to go into surgery and come out worse," says Dr. Spector.

Antibiotic and anesthetic drops are applied to Mr. Power's eyes. When the laser and the surgeon are ready, Mr. Power is escorted to a reclining chair with a pillow that inflates around his head. Cotton pads are taped to each side of his head to keep tears from going in his ears. His eyelashes are taped back and an instrument called a speculum is used to hold back his eyelids.

Dr. Spector tells him to stare at a light through the laser hanging above his bloodshot eye. The ophthalmologist uses a small tool to make purple ring marks on the side of Mr. Power's iris that will later help him reposition the sliced corneal flap.

A metal ring is placed on Mr. Power's cornea to keep the eye steady and help guide the microkeratome -- which resembles a miniature carpenter's plane -- that glides on the ring's tracks across the eye in seconds and cuts the programmed amount of the outer corneal layer. The patient feels a little pressure from the equipment.

All the while, Dr. Spector is describing each step to Mr. Power. The radio nearby distributes Mariah Carey's voice around the room. Through a microscope, Dr. Spector watches the moves he's making. The corneal flap is gently lifted to the side with a surgical

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spatula. It looks like a thin piece of cellophane, but is very durable. Then the laser makes a clicking sound. The cold, ultraviolet beam is directed at the center of the cornea for maybe 15 seconds. Then it stops. Then it clicks on again.

In no time, the procedure is over. Dr. Spector gently returns the corneal flap to its original place, lining it up with the purple marks he made earlier. He applies saline drops under the flap to clean any possible debris and smooths the cornea with a sponge tool called a wecksel. The eye is allowed to dry for a few minutes so the cornea can adhere. Antibiotic eye drops are applied, the speculum is removed and the eye is covered with a cotton pad before surgery on the second eye begins.

Mr. Beitz, meanwhile who underwent the surgery earlier, is sitting in a dark exam room. He keeps his eyes closed because they feel better that way. His eyes are tearing excessively (a natural response to the trauma, say the staff), and he has a gritty feeling in one eye. "It feels like sand on your contact lens is in wrong," he says. "My natural instinct is to rub my eyes."

Later, Mr. Power says his eyes feel as though they've been in chlorinated water too long.

After the men sit for a half hour, plastic eye shields are taped to their faces to protect the eyes from an inadvertent blow or scratch. They get the O.K. to head home and are offered protective sunglasses to reduce the glare on their light-sensitive eyes. The tears are expected to subside in four to six hours. The shields must be worn for 24 hours straight and then every night for a few days. The men will see Dr. Spector the next morning, a week later and a few times more in the months ahead.

TLC, which has 45 laser eye centers in the U.S. and Canada, performs 3,500 laser surgery procedures a month, says Dayna Heit, TLC's business manager. At the White Plains center, 60 to 100 are performed a month, two-thirds of which are Lasik, she said. The average age of patients is between 30 and 48 and they are divided equally between men and women, she says. The cost here is an average \$5,500 for two eyes and it is not covered by health insurance. "Look what people pay for a nose job," said Ms. Heit, "and that hurts a lot more."

The staff stays in motion. The laser is being reprogrammed, the microkerotome is being sterilized for six minutes and the headrest on the reclining chair is cleaned with alcohol in preparation for the next patient. The center could handle 25 procedures a day if the demand is there, said Ms. Heit.

Mr. Power and Mr. Beitz are loaded with souvenirs from the laser center, like mugs and mouse pads. They head to the limousine for the ride back to Connecticut, comparing symptoms. Both plan to sleep away the afternoon. It's the best medicine for the recovering eyes, and besides they certainly can't read or watch television comfortably.

"So far, no regrets," says Mr. Beitz on the ride home.

A version of this article appeared in print on Sunday, May 17, 1998, on section 14CN page 21 of the New York edition.

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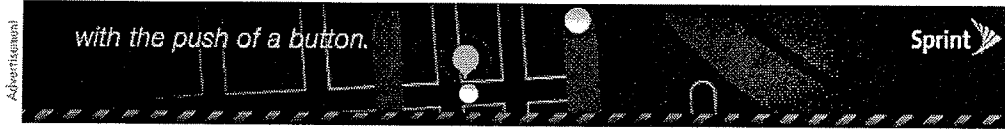
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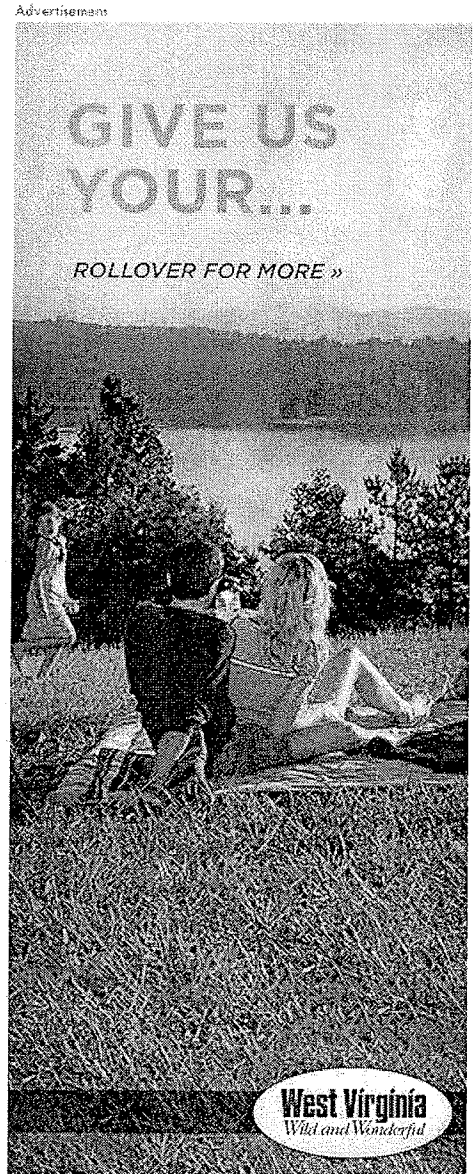
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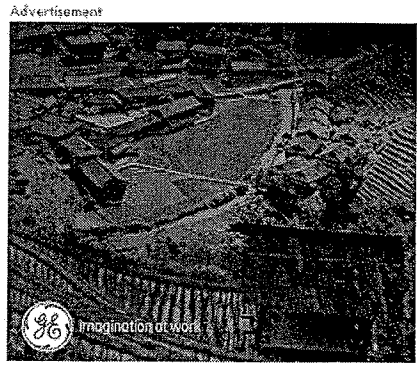
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Article 11 of 22; 824 words

Ex-Cat gets an honor, not the heave-ho

Source: Beth Gillin INQUIRER STAFF WRITER

Ex-Soviet leader Mikhail Gorbachev presented a peace prize to the singer once known as Cat Stevens, who now goes by Yusuf Islam, yesterday in Rome. Then the two climbed aboard a peace train and were followed by a moon shadow. No, wait, they kissed each other on the cheek as Gorbachev handed over the Man for Peace prize.

Gorbachev praised Islam for charity work and for standing by his convictions despite personal hardships, which Islam took to mean his recent rude booting from the United

Published on 2004-11-11, Page E02, Philadelphia Inquirer, The (PA)

Article 12 of 22; 1009 words

\$100 cheesesteak may lose foie gras after some beefs

Source: Michael Klein

Change may be coming to the \$100 cheesesteak served at the new Barclay Prime restaurant on Rittenhouse Square.

The sandwich, introduced earlier this month, contains seared foie gras, a \$50-a-pound delicacy produced by force-feeding fowl to plump up their livers.

The specter of foie gras drew a half-dozen sign-wavers to the restaurant's door during dinner hour Friday.

But it wasn't much of a rally - especially after an executive of the restaurant came out and

Published on 2004-10-31, Page B02, Philadelphia Inquirer, The (PA)

Article 13 of 22; 419 words

FDA approves implantable lens for nearsightedness

Source: Diedra Henderson ASSOCIATED PRESS

There's a new option for people who suffer from extreme nearsightedness, whose world loses its crisp edge just a few inches from their noses. The first implantable lens for nearsightedness was approved yesterday by the Food and Drug Administration.

A surgeon slips the lens through a small incision and implants it in front of the natural lens. Like a photographer swiveling a camera lens into focus, the tiny hard plastic lens works behind the scenes to help the eye create in-focus

Published on 2004-09-14, Page A11, Philadelphia Inquirer, The (PA)

Article 14 of 22; 1681 words

Egg-freezing for fertility offers hope - and hype

Source: Marie McCullough INQUIRER STAFF WRITER

After 20 years of trying, scientists are finally figuring out how to freeze a woman's eggs so she can look forward to making babies with Mr. Right, even if he doesn't show up until she's halfway to retirement. Egg-freezing is suddenly the subject of advertisements, talk shows, magazine articles, and even a fledgling chain of cryo-egg franchises.

"The days of the biological clock are over," fertility specialist Dr. Bradford Kolb

Published on 2004-08-01, Page A01, Philadelphia Inquirer, The (PA)

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Article 15 of 22; 924 words

'Innovation Days': IBM's idea festival

Source: Brian Bergstein ASSOCIATED PRESS

On a bright, warm morning at IBM Corp.'s research center here, seven of Big Blue's scientists gathered around a conference table to consider a nonscientific question: What helps inventors invent things? IBM brass had asked the researchers to design a class that could teach lab managers how to help inventors stay fresh and innovative. The group erupted with ideas: the class' title, its methods, even whether someone could fail it.

Then a boyish-looking

Published on 2003-09-28, Page E03, Philadelphia Inquirer, The (PA)

Article 16 of 22; 670 words

New laser eye surgery has potential of sharper results

Source: Lauran Neergaard ASSOCIATED PRESS

A new generation of laser eye surgery maps subtle irregularities in the cornea before it's zapped, in hopes of crisper vision and fewer side effects.

Just how much better this new "wavefront-guided Lasik" works isn't established yet, but it's causing excitement among eye surgeons who say the three-dimensional maps let them customize treatment in a way never before possible.

Still, it comes with an important consumer warning:

Published on 2003-06-09, Page C05, Philadelphia Inquirer, The (PA)

Article 17 of 22; 633 words

Legislator needs his eyes checked

Source: Monica Yant Kinney

Ever stopped by J.C. Penney for hand towels and wished you could have had eye surgery at the mall, too?

New Jerseyans could have a dream they've never dreamed come true, if Joe Roberts has his way.

And if the guy makes a few bucks in the process, well, even better.

Roberts, you may know, is the majority leader in the state Assembly.

Roberts, as you may not know, also is part owner of U.S. Vision, the nation's sixth-largest retailer of optical products and

Published on 2003-03-09, Page B01, Philadelphia Inquirer, The (PA)

Article 18 of 22; 589 words

Guidelines for LASIK surgery

Source: Lauran Neergaard ASSOCIATED PRESS

Considering laser surgery to improve your eyesight? New guidelines may help determine if you're a good candidate or prone to vision-harming side effects.

One key: The guidelines explain what tests are needed before getting zapped, so if your doctor skips these steps, consider picking another surgeon.

"There is a major need for credible, reliable information," says Roger Steinert, a Harvard Medical School doctor who cowrote the guidelines for the

Published on 2002-06-04, Page A11, Philadelphia Inquirer, The (PA)

Article 19 of 22; 1492 words

LASIK FOR CHILDREN? YOUNG EYES HAVE BEEN OFF-LIMITS TO LASIK. SOME PREDICT THE POPULAR SURGERY WILL BE AS COMMON FOR CHILDREN AS BRACES. OTHERS, MINDFUL OF THE RISKS, SAY THAT TIME IS NOT NOW - IF EVER.

Source: Susan FitzGerald, INQUIRER STAFF WRITER

Now that more than a million adults have undergone laser surgery to improve their eyesight, doctors are starting to look at whether it could be appropriate for some children.

Lasik eye surgery is currently recommended only for adults because young eyes are still developing.

But several studies are evaluating Lasik for a childhood vision problem commonly known as "lazy eye," which if not effectively treated can lead to a lifetime of poor eyesight.

At the same

Published on 2001-02-12, Page C01, Philadelphia Inquirer, The (PA)

Article 20 of 22; 1260 words

FOUR EYES NO MORE, THANKS TO SURGERY

Source: Kathy Boccella, INQUIRER STAFF WRITER

If there is one thing a chef in a fast-moving kitchen doesn't need to worry about, it's trying to read orders with eyeglasses that are fogged-up or grease-spattered.

"You know the little old lady with the glasses on top of her head? I was that old lady," sighed Tom Ciarracchi, who works in Chickie's and Pete's Cafe, his brother's restaurant in Northeast Philadelphia.

These days the 31-year-old chef can

Published on 1999-08-22, Page G01, Philadelphia Inquirer, The (PA)

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Article 21 of 22; 486 words

DOCTORS TOLD NOT TO USE UNAPPROVED LASERS< THE DEVICES HAVE BEEN USED FOR SURGERY ON THE NEARSIGHTED.< THE FDA WARNED THAT IS ILLEGAL.

Source: Lauran Neergaard, ASSOCIATED PRESS

Federal regulators issued an unusually strong warning yesterday to stop eye doctors from using unapproved machines for laser surgery on nearsighted Americans. The warning is the latest in a blitz of controversy to overtake a popular laser surgery that promises better vision without glasses to many of the 60 million Americans who are nearsighted. Since last fall, the FDA has approved two lasers, made by Summit Technology and Visx, to help people see more clearly at a distance.

But

Published on 1996-07-27, Page A06, Philadelphia Inquirer, The (PA)

Article 22 of 22; 612 words

BOARD CONSIDERS LOT-SIZED CHANGES

Source: Katharine Seelye, Inquirer Staff Writer

With reservations, the Haverford Township Board of Commissioners has given preliminary approval to a plan that requires lots in a certain part of the Fifth Ward to be at least 1.5 acres. Until now, lots could be one acre.

The commissioners have been considering the special "very low residential district" for nearly a year at the request of John MacMurray, commissioner of the Fifth Ward.

The district, a relatively affluent area of single-family homes built on

Published on 1986-04-03, Page M12, Philadelphia Inquirer, The (PA)

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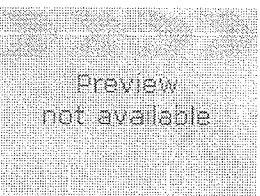


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Source: ABC News
Date: Thursday, March 27, 2003 6:46 PM

ABCNYBT17904N-0

Title: Entertainment: Extreme Makeover
Summary: ABC's TV show sees ugly people undergo plastic surgery in an attempt to transform their lives.
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