

**“When it comes to looking at the internal parts of the eye, it means we want to see an ultra-widefield view, not just the central 30 to 45 degrees. And it means we’re going to teach patients about what we are seeing when we examine and review these images with them.”**

Ryan Powell, OD



#### Practice Information

- Vision Source Eye Care– Kansas City, Missouri
- 10 doctors, private practice
- 10 offices

#### Reason for Purchase

- Clinical decision making
- Patient education
- Practice efficiency

There’s the standard—what’s expected and appropriate. And then there’s a higher standard, which Ryan Powell, OD, of Vision Source Eyecare in Kansas City, Missouri, calls ‘the Vision Source Level Care’. “All of us say we provide the highest quality care, but what does that really mean? I started looking at the care we provided our patients and I determined that what we want to provide our patients is ‘Vision Source Level Care’. To me that means we bring the newest technology to our patients to elevate the care we can provide them.”

That’s why every patient who comes in to the practice gets an **optomap**® retinal image. “Every patient, every time,” he says. “We image all patients with the *Daytona* and review the images in the exam room with them. Patients return to us year after year to get another **optomap** because they understand the value of this level of care. To me that means that we bring the newest technology to elevate the care we can provide them.” Dr. Powell says the practice set a fee that patients and the practice are comfortable with, and it’s simply become part of the exam.” There’s no dialogue about it in the pretest room; we don’t ask if this is what they want. We want to provide the most thorough exam possible, and it’s simply going to cost patients a little more.”

In fact, having that image available has also made his exams go more smoothly. “I’m not on a scavenger hunt because I have that full view,” he says. He books patients every 15 minutes, and he says that his patients tell him they receive the most thorough exams at his office. Dr. Powell estimates he’s been able to fit two or more patients into his exam schedule per day as a result of using *Daytona*.

Dr. Powell also says his colleagues frequently ask, “Should I get a *Daytona* or an OCT?” He says his answer is simple. “I tell them that the *Daytona* will help pay for their OCT. Use the *Daytona* on every patient, every time for a screening tool. Then you can use the medical images for cases as needed. That additional revenue will not only pay for your *Daytona*, but it will offset the OCT costs.”



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