

1 Flarex, four times day in both eyes and the Aqua Sight
2 tears. Four times a day in both eyes.

3 MS. NEWMAN: Sorry. The Flarex three
4 times a day or four?

THE WITNESS: Four.

o BY MR. KAFRISSEN:

7 Q. QID is four?

8 A. QID. She had superficial pannus which was less
9 succulent especially distally especially in the right
10 eye that 11:30 area. The left eye still extended two
11 millimeters, and I noted that. But the vessels were
12 thinner.

13 Q. And what's the significance of that, if anything?

14 A. The vessels were beginning to regress.

15 Q. Okay.

16 A. This was recovery.

17 Q. Okay.

18 A. That the giant papillary conjunctivitis was
19 improving.

20 Q. Okay.

21 A. And at that point my impressions -- oh, and her,
22 let me back up, her pressures in the eye were 23
23 millimeters of mercury in the right and 21 in the left.

24 Q. What is the significance of that, if any?

1 A. That's normal, something we check, make sure she
2 doesn't have glaucoma, the 23 is a very slight
3 elevation. 21 is normal, that's something that bears
4 observation.

5 Q. What is the normal range for eye pressure?

6 A. 10 to 21 is normal, and 22 to 25 is borderline,
7 and above 25 is abnormal.

8 Q. She was still out of her contact lenses at this
9 point?

10 A. Yes.

11 Q. What was your impression that day?

12 A. My impression was high myopia and giant papillary
13 conjunctivitis, which was improving, and best corrected
14 visual acuity of about 20/60-2 in the right eye and
15 about 20/60+ for the left eye.

16 Q. And so the best corrected visual acuity, does
17 that include hard lenses?

18 A. This was best spectacle corrected visual acuity.

19 Q. How if at all would it differ for a contact lens?

20 A. It is conceivable that a hard contact lens would
21 improve the acuity.

22 Q. Okay. Who did the refraction that day?

23 A. Both Dr. Sterling and myself.

24 Q. Now, on the second visit, do you recall any

1 conversation -- I didn't mean to jump back?

2 A. Give me the date.

3 Q. 2/18/97?

4 A. Okay.

5 Q. Do you recall any conversations you had with
6 Cheryl on that visit?

7 A. Yes.

8 Q. Tell me what you recall about that 2/18/97 visit?

9 A. She asked me about lasik -- about refractive
10 surgery and I told her that we could take measurements
11 on her next visit to try and assess whether she would
12 be a candidate and that her soft lenses would have been
13 out longer by then.

14 Q. And the next visit was the 3/3/97 visit. Were
15 measurements taken at that visit?

16 A. Yes.

17 Q. Tell me what measurement were taken on March 3 of
18 '97?

19 A. The refraction was taken, the topography was
20 taken.

21 Q. Okay. Now, the topography on 3/3, what did the
22 topography look like on 3/3?

23 A. The topography on 3/3 shows astigmatism with
24 faint asymmetry.

1 Q. Okay. Is there any significance between
2 topography on 2/18 and on 3/3?

3 A. 3/3 shows greater symmetry.

4 Q. What is the significance of that, if any?

5 A. Well her contact lenses had been out longer so
6 the longer the lenses have been out the more accurate
7 the topography is.

8 Q. Did you take any other measurements on 3/3?

9 A. That we haven't talk about?

10 Q. Well, we've talked about refraction, we talked
11 about a vision test, we talked about topography?

12 A. We talked about interocular pressure, we talked
13 about measuring the pannus.

14 Q. Yes.

15 A. Those where the measurements.

16 Q. Okay.

17 A. And pinhole acuity.

18 Q. What is pinhole acuity?

19 A. Checking the vision with the aide of a pinhole.
20 The patient looks through a pinhole at the vision chart
21 and any rays of light that are not essentially parallel
22 to the visual axis are eliminated by the pinhole so
23 that it tells us whether with a different refraction
24 the acuity might be better.