



# Warren Eye Care

## Patient Newsletter

### Quick Links

[Make An Appointment](#)

[Podcasts](#)

[Newsletter Archive](#)

[Vision Shaping Treatment](#)



Dear John,

We're moving towards the holiday season quickly, seems like that happens faster and faster every year! As always, we will be closed on Thanksgiving and the day afterwards. This will allow our staff to enjoy the time with their families or brave the "Black Friday" crowds!

If you need to plan for next year's Flexible Spending or Health Savings accounts we've set up an expense estimation tool for you and Erin to use to make these calculations. You can reach Erin at [erin@warreneyecarecenter.com](mailto:erin@warreneyecarecenter.com) She can help you estimate your 2010 eye care and eye wear expenses so that you don't run short or have excess funds in these accounts at the end of next year.

Remember that you can follow us on Twitter [@warreneyecare](#) as well as on [Facebook](#) and [Yelp](#).

You can also read [Dr. Warren's Blog](#) to see what he's been thinking about and reading as well as listening to (podcasts that is).

We work hard to keep [our website](#) up to date and fresh, please pay us a quick virtual visit!

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### Featured Article



We've changed the way that we measure your vision. Improving both the process and outcome!

### The HD Eye Exam



It used to be said that a refraction is a refraction is a refraction. That certainly isn't the case anymore. The refraction is the portion of your eye exam when your glasses prescription and the best that you can see with correction is determined. Many patients have come to dread this part of the eye exam out of a fear that "I'll get it wrong and screw up my glasses prescription" and out of confusion about just what they are supposed to say.

Patient Communications

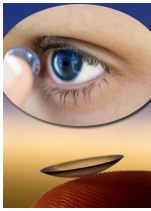
[Dr. Warren's Blog](#)

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VST



[Click here](#) to learn more about this exciting technique for reducing myopia!

Varilux 360 Lenses



Learn about these exciting new lenses from Varilux at [Dr. Warren's Blog](#) or by clicking on the image above.

For decades, the manner in which the refraction is performed has not changed. First the near or farsighted portion of the Rx is determined/refined and then the astigmatic portion is refined (assuming that it is present). There are two components to the astigmatic Rx, the amount of astigmatism or power and how the astigmatism is oriented in the Rx, referred to as the "axis" of the astigmatism. The astigmatic portion of the Rx is what typically creates many "1 or 2" type questions with the patient having to remember one view and compare it to the second one. These can be difficult comparisons for even the most observant patient.

Recent technology has revolutionized the refraction at Warren Eye Care. We now almost never ask our patients which is better, lens 1 or lens 2? while at the same time flipping from one lens to another. We now show patients both choices simultaneously and have them pick between the two. Being able to present this type of choice to patients makes the comparison and lens choice much easier to make. This makes the process not only easier for the patient is much faster as we get to the final Rx in less than half of the number of questions as with a traditional refraction.

By using the 3D Wave Autorefractor/Topographer/Aberrometer, we have an excellent starting point for the refraction as well as having the information directly imported into the Total Refraction System (TRS). The data is used then used to perform the refraction. For many patients, the HD Eye Exam consists of taking measurements with the 3D Wave and then refining the prescription with three questions per eye. That's it! We complete the exam quickly, easily and more accurately.

With the TRS we can also show patients the way that they see with their current Rx compared to their new Rx. This makes the decision about whether or not to upgrade their eyeglass lenses or not much more clear and easy. At Warren Eye Care, its all about the patient experience.....

**New And Improved Visual Field Machine**



After over a decade of reliable service, we have "retired" our Octopus 1-2-3 visual field machine and replaced it with an Octopus 300 Pro. The new device allows us to measure our patients' vision in more ways than before. Adding two different visual field tests that are helpful in early Glaucoma detection and when checking for progression of Glaucoma.

The new device is also more ergonomically correct, making the

testing even more comfortable for patients. While not new technology, this upgrade will add to our clinical care tools and improve the patient experience.

We hope that you find our Patient Newsletter informative and interesting. Please don't hesitate to contact the office or either of our doctors at any time!

**Sincerely,**

John Warren, OD

Sara Nicholson, OD

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