

# Upgrading your Myopia Management Practice: Soft Contact Lens Modalities & Fee Structures

Andrew Neukirch, OD

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# Financial Disclosures:

CooperVision Specialty Eyecare KOL

Topcon Healthcare KOL

\*All relevant relations mitigated

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**Carillon Vision Care**  
North Suburban Chicago

350+ kids presently enrolled in Myopia Management  
\$500k+ Annual Myopia Management Revenue  
Top prescribing MiSight OD in the USA

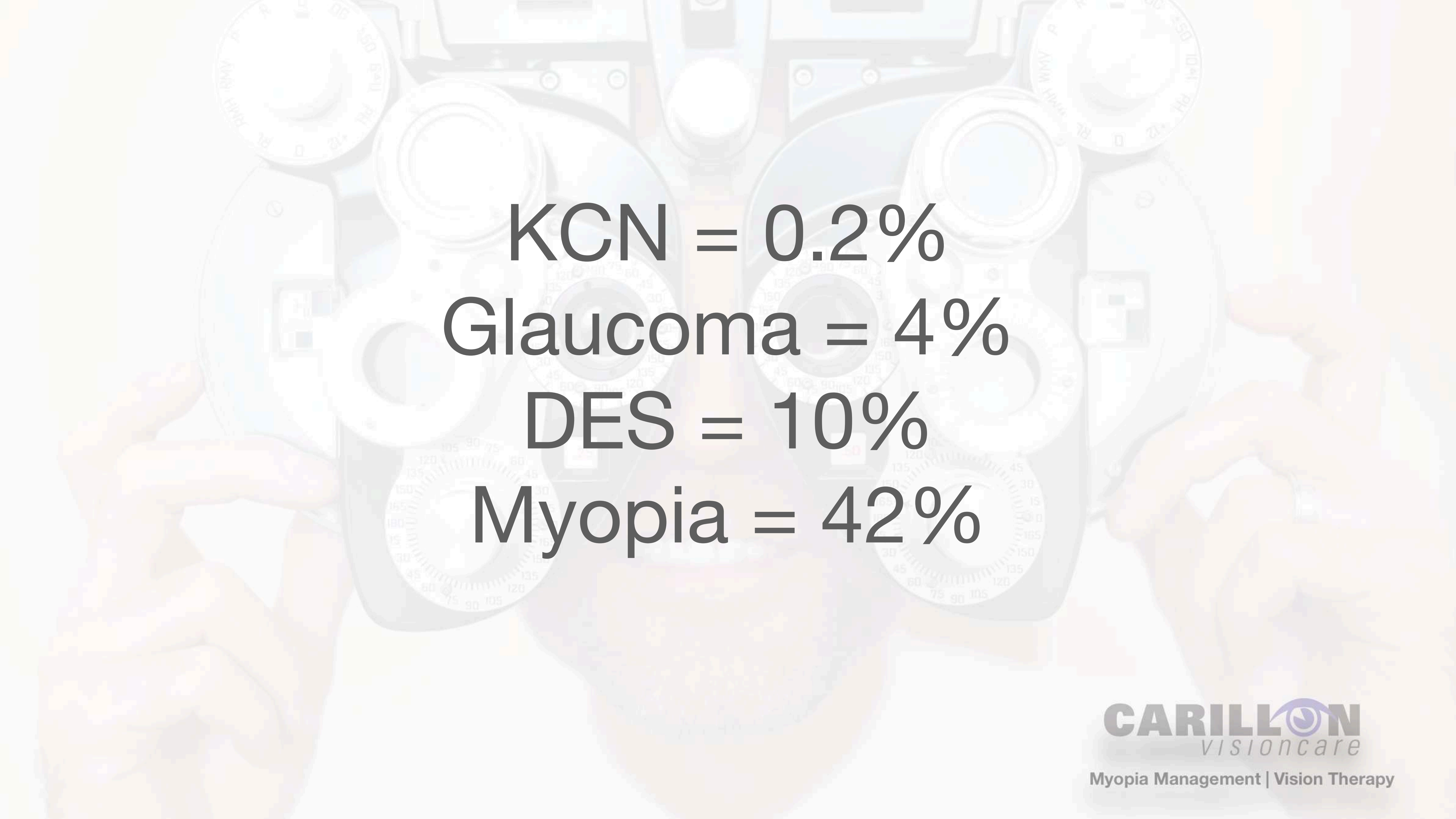
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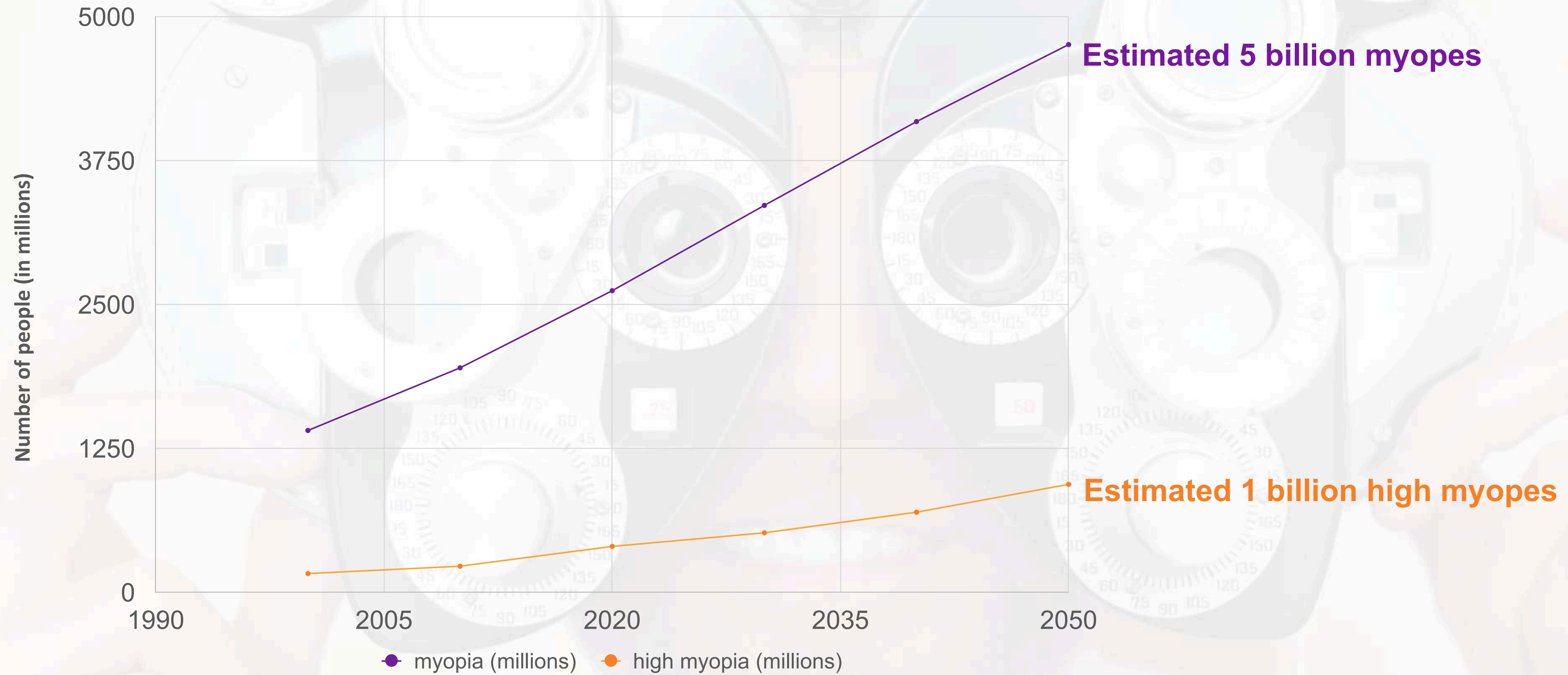
# **WHY MYOPIA MGMT?**





KCN = 0.2%  
Glaucoma = 4%  
DES = 10%  
Myopia = 42%

# It's about incidence and severity

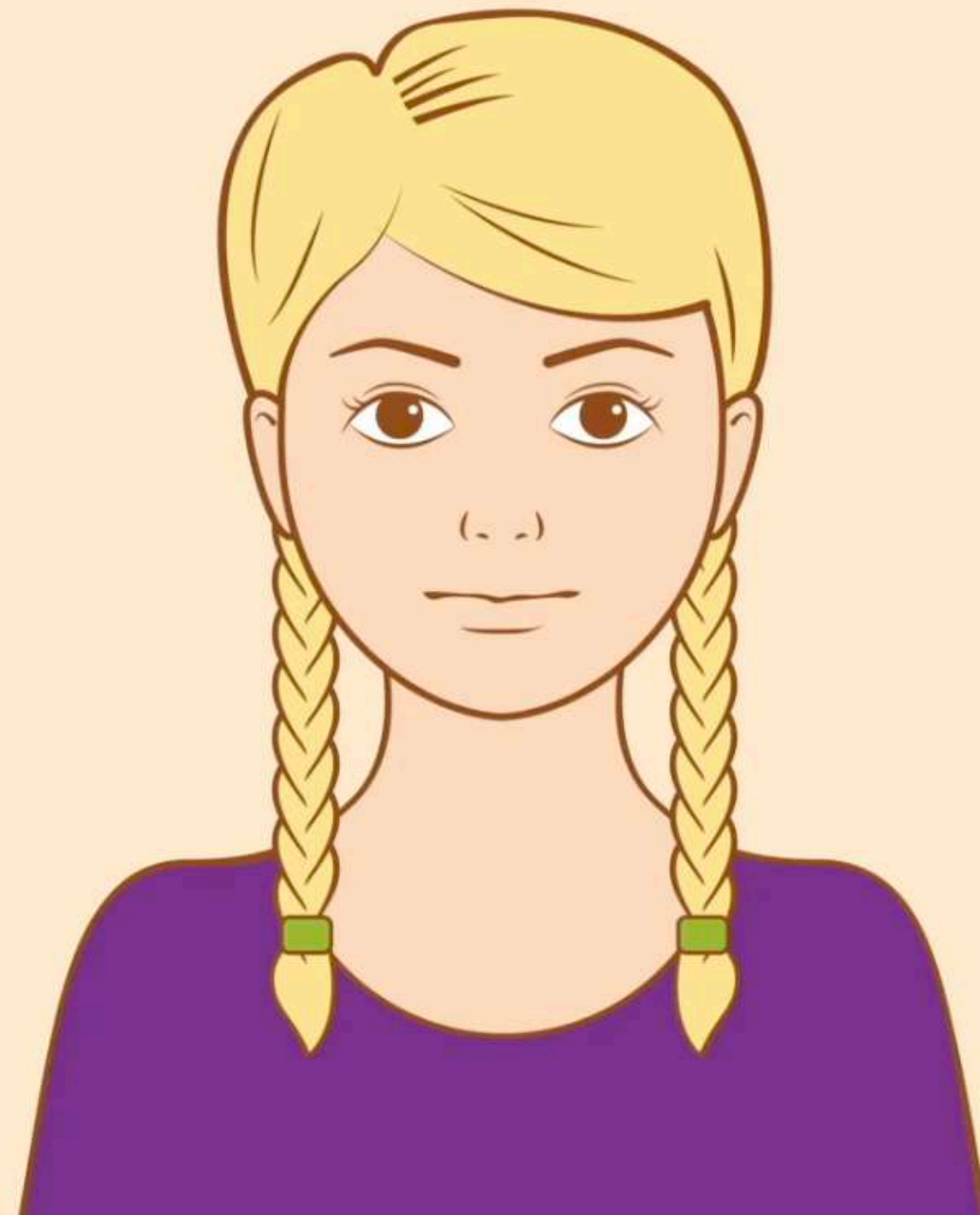


1. Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ, Resnikoff S, Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050, Ophthalmology, May 2016 Volume 123, Issue 5, Pages 1036–1042.

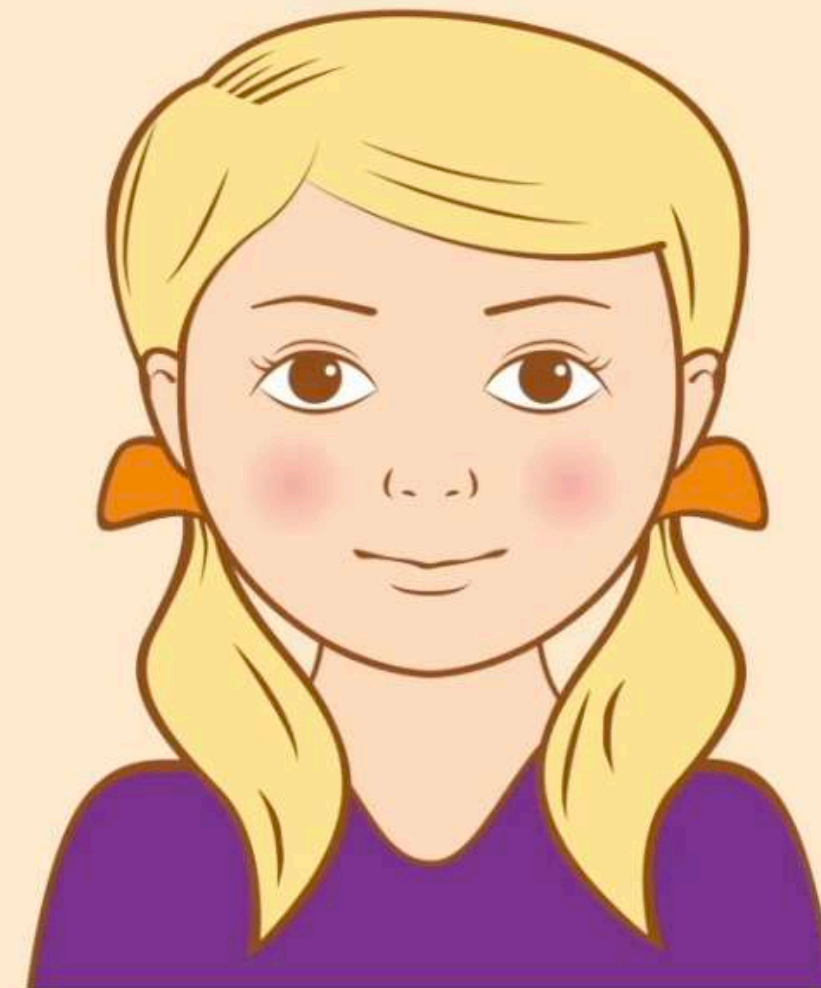


# Myopia Onset

In **1983**, the average onset age of myopia was **11 years old**



In **2000**, the average onset age of myopia was just **8 years old**



Wolffsohn JS, Calossi A, Cho P, et al. Global Trends in Myopia Management Attitudes and Strategies in Clinical Practice. *Cont Lens Anterior Eye*. 2016; 39:106–16.

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**278**  
**CHILDREN  
WITH MYOPIA**  
**FOR EVERY**  
**1**  
**EYE CARE  
PROVIDER**

Fortin P, Kwan J. The Myopia Management Opportunity in the United States Using the 2020 Census. ARVO 2022, Denver, CO.



# 330,000

▶ Age 8 to 12 wearing *single vision* contact lenses<sup>1</sup>

1. CVI data on file, October 2022. US industry reports and internal estimates.

# In April 2021, the World Council of Optometry passed a resolution that declares support for myopia management as standard of care<sup>1</sup>



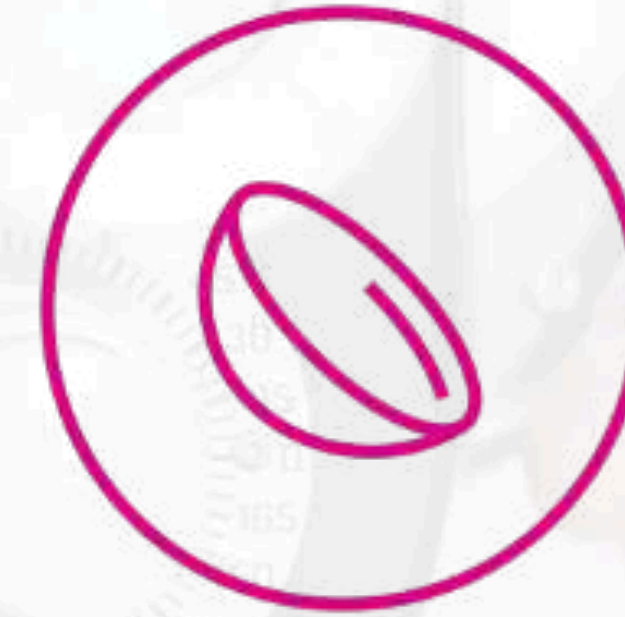
Evidence-based standard of care combines three main components:



MITIGATION



MEASUREMENT



MANAGEMENT

1. World Council of Optometry. Resolution: The standard of care for Myopia Management by Optometrists. <https://worldcouncilofoptometry.info/resolution-the-standard-of-care-for-myopia-management-by-optometrists>. Accessed 2nd March 2022.



# One size does not fit all in a myopia management practice

Multiple treatment options are critical to meet the needs of patients (and parents) to ensure compliance and clinical outcome success



Bifocal/Progressive  
Addition Spectacles



Dual Focus  
Contact Lens



Orthokeratology

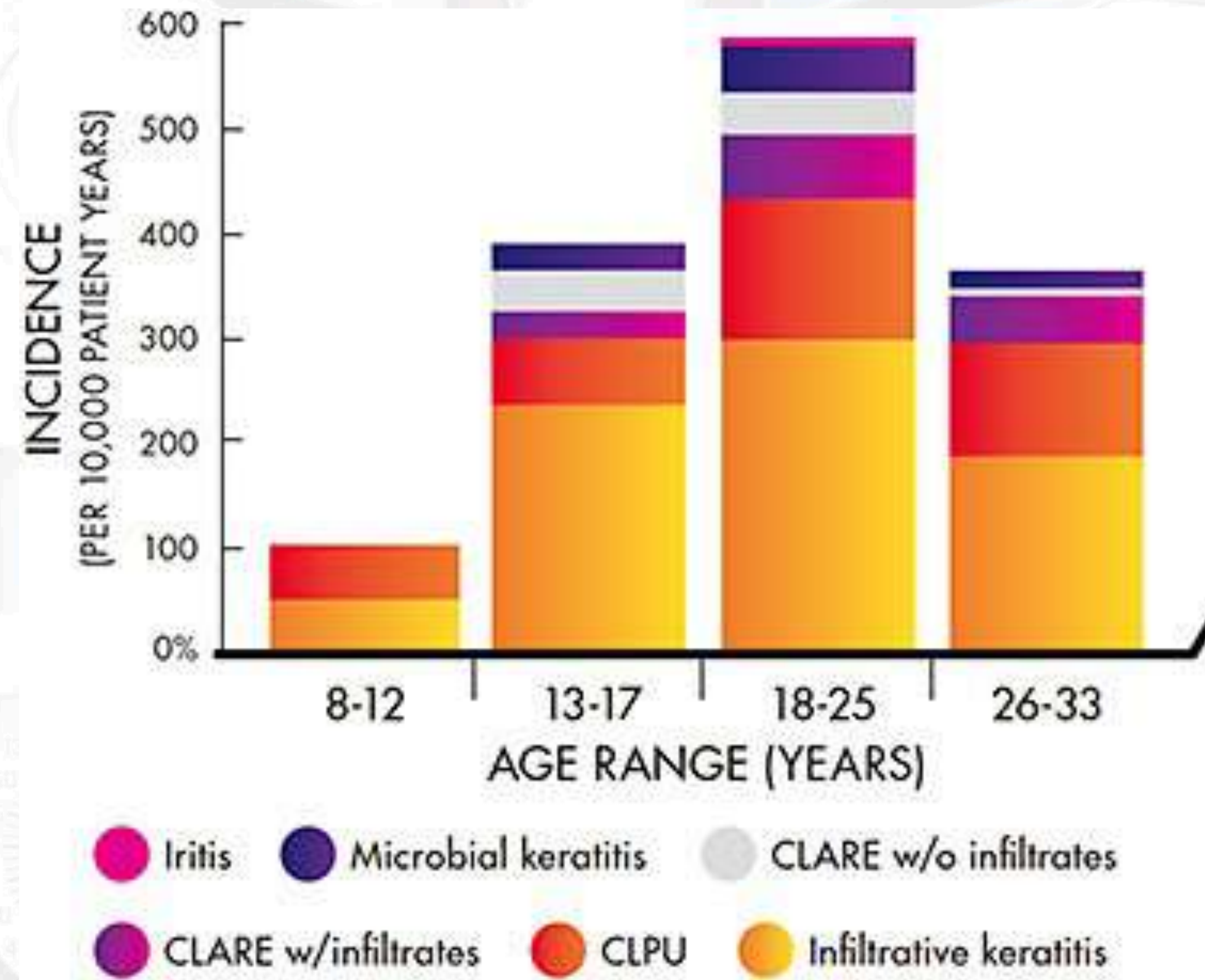


Pharmaceuticals

“So this is more of cultural question. I was kind surprised/impressed that you had such a high myopic control demand in a predominately non-asian patient population? Do you approach the talk differently? I feel like it is always such an ‘easier’ talk with Asian parents vs non-asian parents.” - Dat



# Contact Lens Safety in Children



Microbial Keratitis:  
18 per 10,000 patient-years

# UPDATED - Contact Lens Safety in Children

Authors (year)	Country	Age Range (years)	Duration (years)	Replacement Schedule	Material	N	Patient years	All CIEs	Symptomatic CIEs			Microbial Keratitis		
									Cases	Incidence	95% CI	Cases	Incidence	95% CI
Prospective studies														
Walline (2004) <sup>34</sup>	US	8-11	3	2W	H	57	159	0	0	0	0, 233	0	0	0, 233
Sankaridurg (2013) <sup>40</sup>	PRC	7-14	2	M	SiHy	240	369	25	5	136	50, 300	0	0	0, 103
Walline (2008) <sup>42</sup>	US	8-11	3	DD	H	247	723	6	6	83	38, 180	0	0	0, 51
Chalmers (2015) <sup>21</sup>	US	8-17	1	DD	Both	202	171	0	0	0	0, 220	0	0	0, 220
Cheng (2020) <sup>27</sup>	Various	8-15	2-3.5	DD	H	581	816	2	0	0	0, 47	0	0	0, 47
Woods (2021) <sup>28</sup>	Various	8-12	6	DD	H	135	653	4	0	0	0, 58	0	0	0, 58
Gaume Giannoni (2022) <sup>31</sup>	US	7-12	3	M	SiHy	294	861	16	5	58	25, 135	1	11.6	2, 65
<b>Total</b>						<b>1,756</b>	<b>3,752</b>	<b>53</b>	<b>16</b>	<b>43</b>	<b>26, 69</b>	<b>1</b>	<b>2.7</b>	<b>0.5, 15</b>
Retrospective studies														
Chalmers (2011) <sup>23</sup>	US	8-12	1.7	Various		243	411	4	4	97	31, 235	0	0	0, 93
Chalmers (2021) <sup>29</sup>	US	8-12	2.7	Various		782	2,134	16	16	75	46, 121	2	9.4	3, 34

Bold entries are based on the sum of the values above.

Where possible, the incidence of symptomatic corneal infiltrative events and microbial keratitis (per 10,000 patient years) is estimated based on the number of events, the number of patients, and the study duration.

Patient years based on study follow-up at each time point, not enrollment. CIEs, corneal infiltrative events; PRC, People republic of China; US, United States; 2W, 2-weekly replacement, daily wear; M, monthly replacement, daily wear, DD, daily disposable; H, hydrogel; SiHy, silicone hydrogel.



# CONCLUSION - Contact Lens Safety in Children

Incidence of microbial Keratitis in Children is no higher than adults:  
**4.8 per 10,000 patient years**

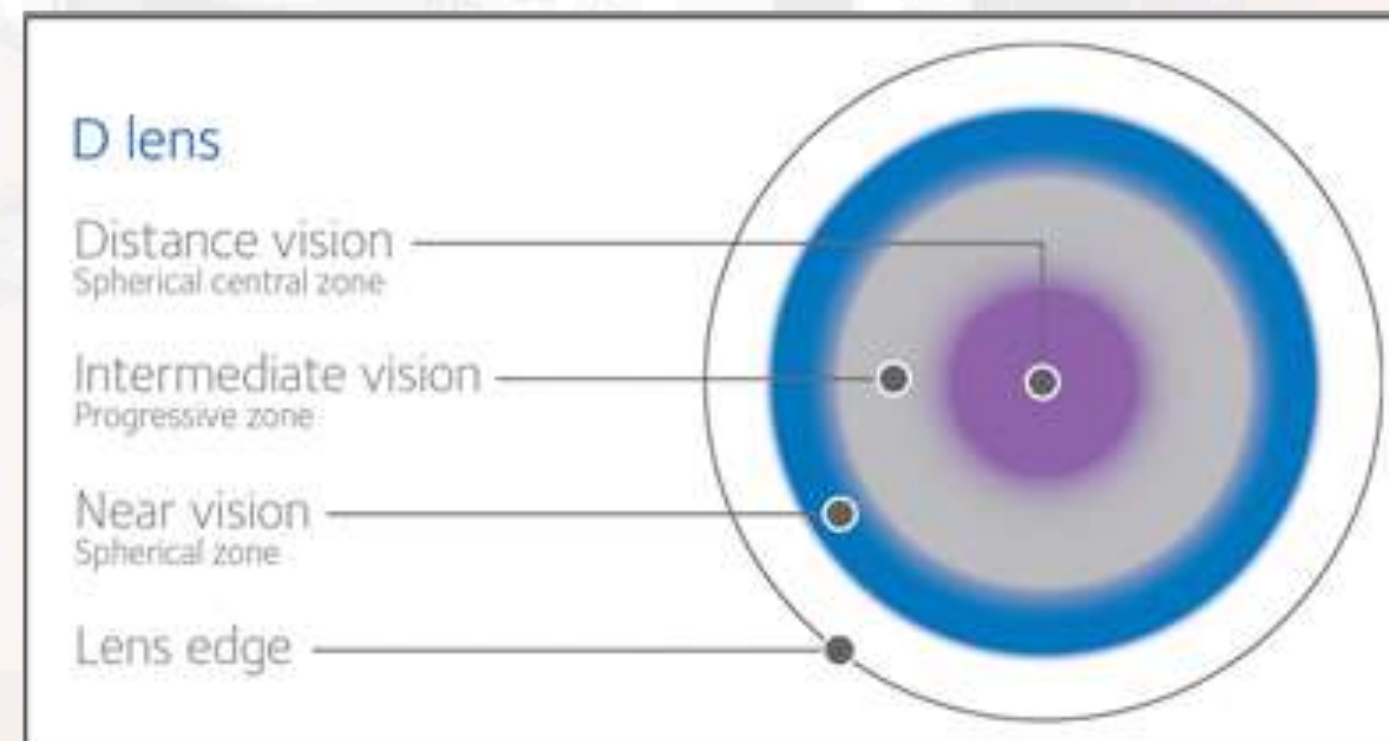
Incidence of corneal infiltrative events seems to be markedly lower vs. adults

Epub 2016 Nov 23.

## Studies using concentric ring bifocal and peripheral add multifocal contact lenses to slow myopia progression in school-aged children: a meta-analysis

Shi-Ming Li<sup>1</sup>, Meng-Tian Kang<sup>1</sup>, Shan-Shan Wu<sup>2</sup>, Bo Meng<sup>2</sup>, Yun-Yun Sun<sup>1</sup>, Shi-Fei Wei<sup>1</sup>,  
Luoru Liu<sup>3</sup>, Xiaoxia Peng<sup>4</sup>, Zhuo Chen<sup>1 5</sup>, Fengju Zhang<sup>1</sup>, Ningli Wang<sup>1</sup>

31 to 51% less axial length elongation over 2 years





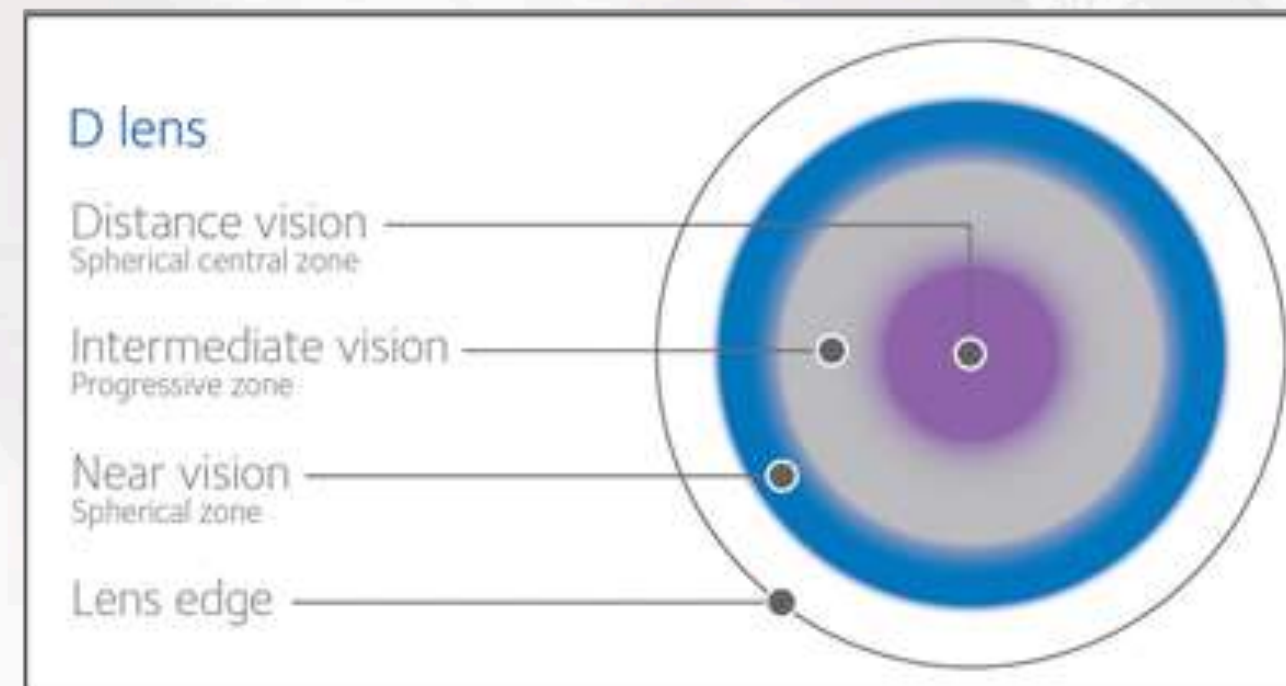


+2.50/D

+1.50/D

single vision

Eye length, mm			
Baseline, mean (SD) <sup>a</sup>	24.42 (0.75)	24.55 (0.84)	24.43 (0.83)
Year 3, mean (SD) <sup>a</sup>	24.81 (0.83)	25.12 (0.97)	25.08 (0.85)
3-y absolute change (95% CI) <sup>b</sup>	0.39 (0.32 to 0.46) (n = 95) <sup>c</sup>	0.55 (0.49 to 0.62) (n = 95) <sup>c</sup>	0.62 (0.56 to 0.69) (n = 96) <sup>c</sup>
High add vs single vision			-0.23 (-0.33 to -0.14) <.001
Medium add vs single vision			-0.07 (-0.16 to 0.03) .15
High add vs medium add			-0.16 (-0.26 to -0.07) .002



Jeffrey Walline, Maria Walker, Donald Mutti, Lisa Jones-Jordan, Loraine Sinnott, Amber Gaume Giannoni, Katherine Bickle, Krystal Schulle, Alex Nixon, Gilbert Pierce, David Berntsen, for the Blink Study Group. JAMA. August 2020





# NaturalVue 1 Day Multifocal



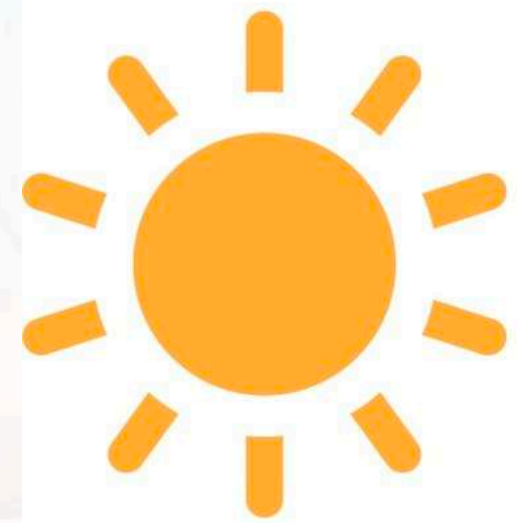
Available up to -12.25 DS

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ACUVUE®  
abiliiti™



1-DAY SOFT THERAPEUTIC LENSES  
FOR MYOPIA MANAGEMENT

\*Not yet available in the USA

# SynergEyes®

## Exceptional Vision and Comfort

**Exceptional Vision**  
Rigid center provides great vision

**Breathable and Healthy**  
Patented dual material design enables healthy flow of oxygen to the eye

**Sun Protection**  
Lens protects your eyes with a UV blocker

**Comfortable**  
Soft part of lens enhances comfort

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# METRO OPTICS

MetroSoft II & MetroSoft Toric

Other Options include:

ABB's CL Lab  
Bausch & Lomb  
SpecialEyes Custom CLs

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# MiSight® 1 day myopia control contact lenses



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# The MiSight® 1 day 7-year clinical is the longest continuous soft contact lens study for myopia management

A 7-year clinical trial separated into three parts:<sup>1,2</sup>

- Over 653 patient wearing years
- Over 4000 clinical measurements collected and reviewed

## Part 1 (Years 1-3)<sup>1</sup>

Assess the difference in myopia progression over a 3-year period between children wearing MiSight® 1 day and children wearing a single-vision 1-day lens.

## Part 2 (Years 4-6)<sup>2</sup>

Compare the rate of myopia progression between children new to MiSight® 1 day and those who had worn MiSight® 1 day for the previous 3 years.

## Part 3 (Years 7)

Phase 3 of the clinical trial followed the children for one additional year to evaluate for post-treatment effect.

1. Chamberlain P, et al. A 3-year randomized clinical trial of MiSight lenses for myopia control. *Optom Vis Sci*. 2019;96:556–567.

2. Chamberlain P, Arumugam B, Jones D et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci* 2020;97(E-abstract): 200038.



# The MiSight® 1 day clinical study yielded significant results

**59%**

**Slows Myopia Progression on average<sup>1†</sup>**

**52%**

**Axial Length Elongation Reduction on average<sup>1†</sup>**



**Child Friendly<sup>1</sup>  
1 day lens**

as easy to fit as a single vision daily disposable contact lens<sup>2</sup>, no special instructions

\*Indications for use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with  $\leq 0.75$  diopters of astigmatism. The lens is to be discarded after each removal. †Compared to a single vision 1 day lens over a 3 year period. <sup>1</sup>Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. Optom Vis Sci. 2019; 96(8):556-567. <sup>2</sup>Initial CL BVP selection and observation of fit follows same fitting protocol for single vision CLs; fit success rate same with MiSight® 1 day and Proclear® 1 day CVI data on file 2018; Chamberlain P et al A 3-year Randomized Clinical Trial of MiSight® Lenses for Myopia Control. Optom Vis Sci 2019;96:556-567.

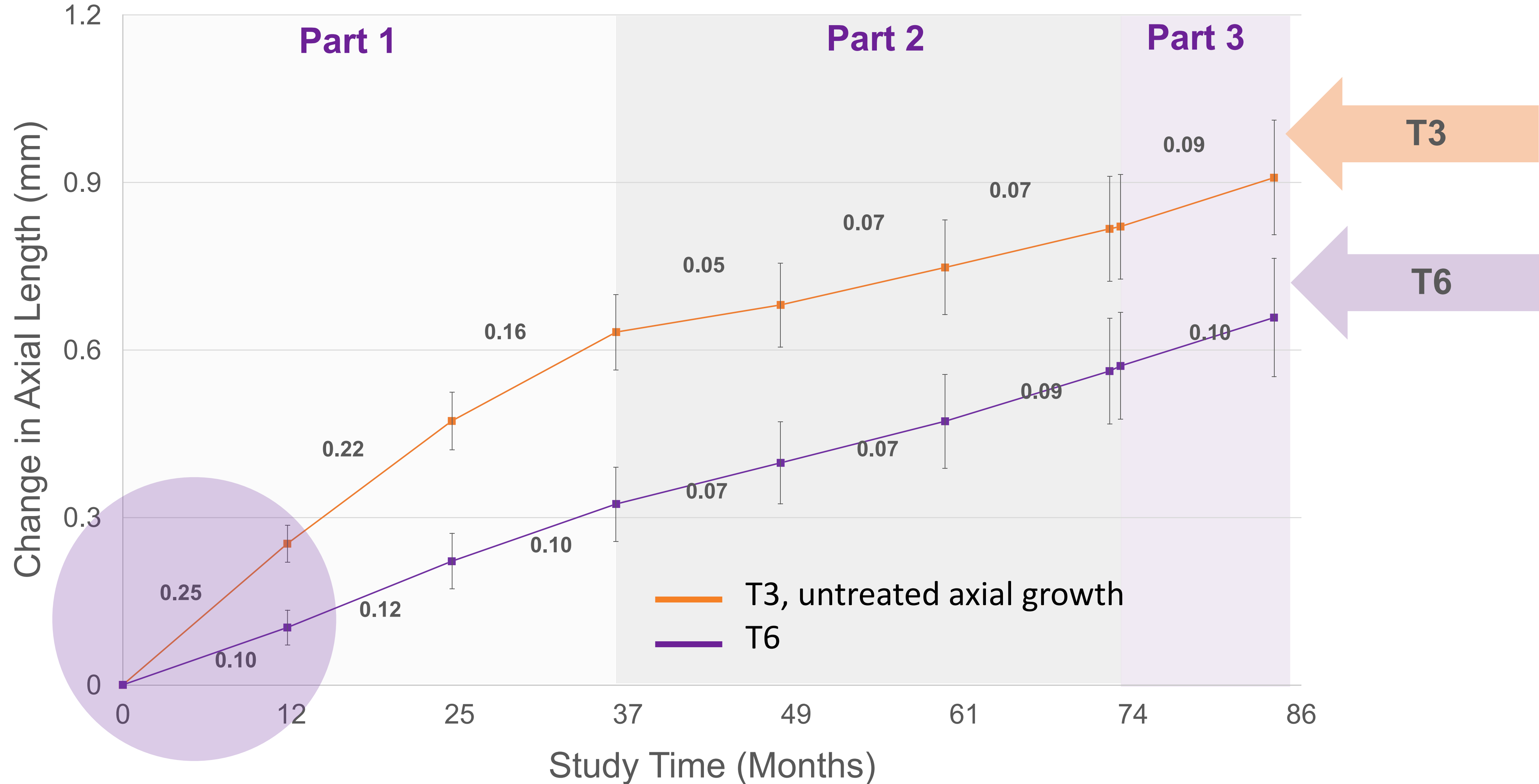
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# Annualized change in axial length growth

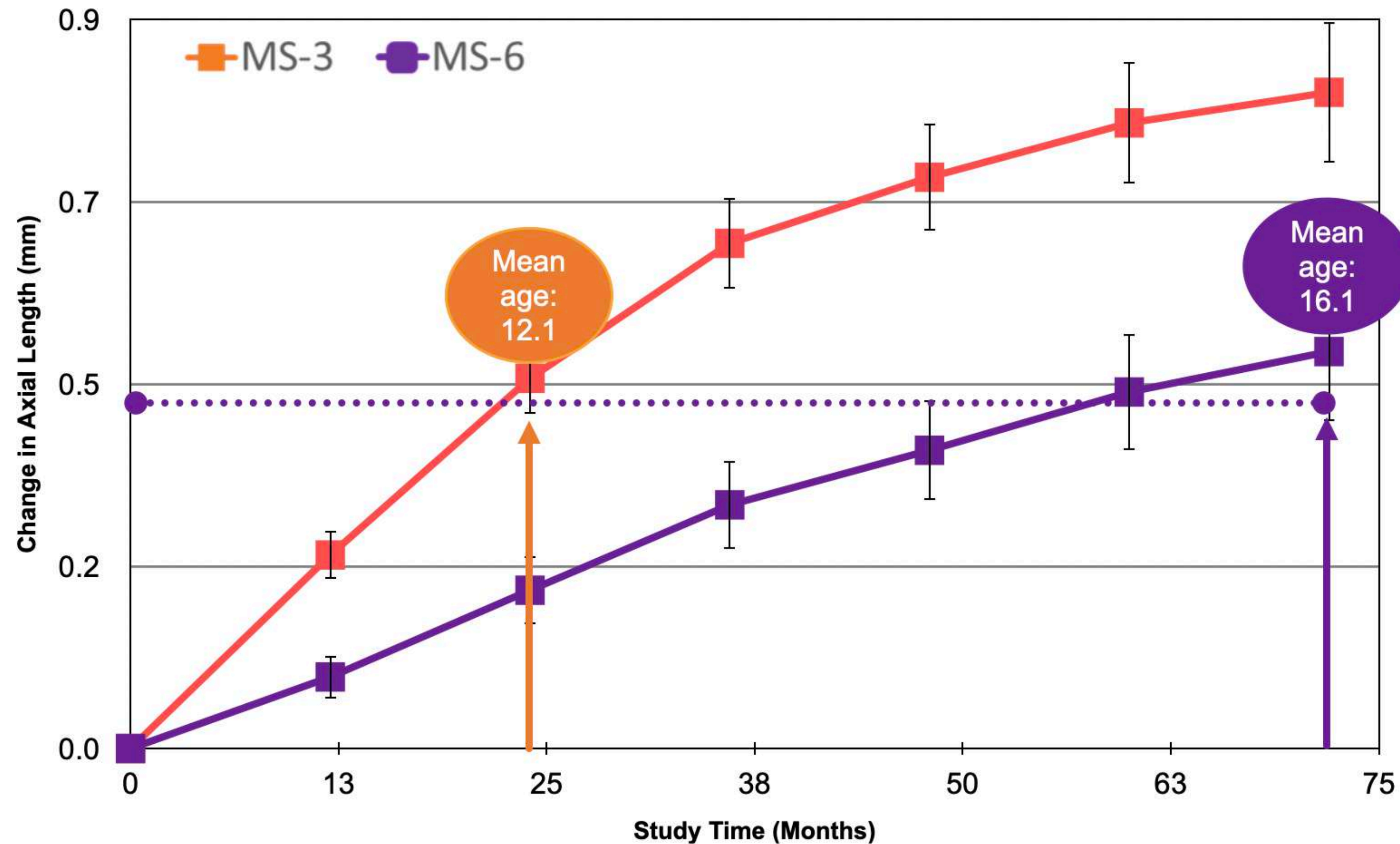
## 0 to 84 months (Part 1, 2 & 3)



Includes all subjects who enrolled and completed a 6 or 12 month follow up in Part 3

Chamberlain P et al. Myopia Progression in Children on Cessation of Dual-Focus Contact Lens Wear: MiSight 1-day 7-year fir

# Six-year change in context - Eye Growth



- **6-year** progression (AL) in MS-6 matches **2-year** progression for **Original Control**<sup>1</sup>
- A **4-year** gain in a key period for eye growth
- Similar finding observed with SERE

<sup>1</sup>Chamberlain P, Arumugam B, Jones D et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. Optom Vi Sci 2020; 97(E-abstract): 200038.



## FDA Approves Contact Lens for Myopia in Children

Nov. 19, 2019



The FDA has granted approval to CooperVision's MiSight single-use contacts for slowing the progression of myopia in children.

The device, approved using the premarket approval pathway, is a disposable, soft contact lens that is indicated for slowing progression of nearsightedness in children aged 8 to 12.

The lens corrects the refractive error that impacts distance vision, similar to a standard corrective lens, and using peripheral rings in the lens to focus light on the back of the eye, which is believed to reduce progression of the condition.

# Paul Gifford's Summary BLINK vs. MiSight

(NS = not significant)	Difference in change to refraction (D) over 3 years		Difference in change to axial length (mm) over 3 years	
	Single Vision	+1.50 CD MF	Single Vision	+1.50 CD MF
Single Vision	-	-	-	-
+1.50 CD MF	<b>0.16 (NS)</b>	-	<b>-0.07 (NS)</b>	-
+2.50 CD MF	<b>0.46 (45%)</b>	<b>0.30 (37%)</b>	<b>-0.23 (37%)</b>	<b>-0.16 (29%)</b>
<b>MiSight (Chamberlain et al 2019)<sup>3</sup></b>	<b>0.67 (59%)</b>		<b>-0.28 (52%)</b>	

Jeffrey Walline, Maria Walker, Donald Mutti, Lisa Jones-Jordan, Loraine Sinnott, Amber Gaume Giannoni, Katherine Bickle, Krystal Schulle, Alex Nixon, Gilbert Pierce, David Berntsen, for the Blink Study Group. JAMA. August 2020



# International Myopia Institute (IMI)

## Industry Guidelines and Ethical Considerations for Myopia Control Report†



The child is 8 to 12 years old and -0.75 to -4.00 sphere with  $\leq 0.75$  D of cylinder at the initiation of treatment.

- Soft Contact Lenses
- Orthokeratology
- Atropine

< 8 years old or > 12 years old and -0.50 or -4.25 or worse and/or > 0.75 D of cylinder at the initiation of treatment.

†Jones L et al. *Invest Ophthalmol Vis Sci.* 2019 Feb 28;60(3):M161-M183.



# ***GHOSTING***

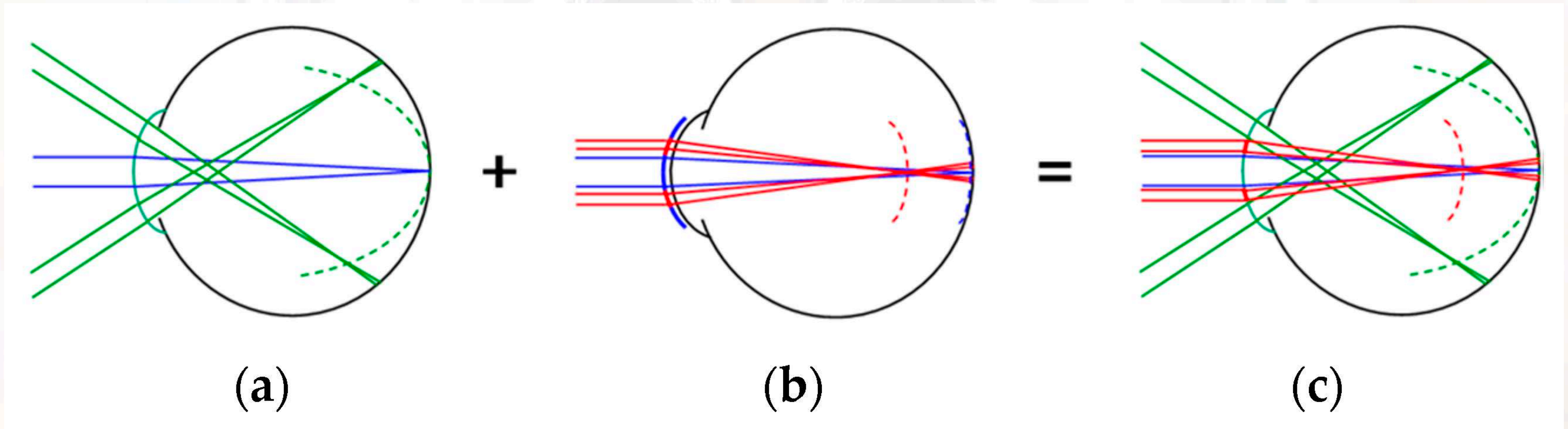


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# Explaining “How It Works” to the Parent





# PRESCRIBE - don't recommend





# REWARDING

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# Profitability

\$\$\$\$

MM allowed us to drop EyeMed in 2019

1 MM patient = 10x VSP Patients

8% of my patients are in MM = 26% of the Revenue



# Fee Structure

**KISS = Keep It Simple Stupid**

# A parent/practice Informed Consent agreement strengthens the doctor and parent connection

- Ensures informed consent as recommended by International Myopia Institute
- Sets parent expectations and understanding.
- Standardizes messaging
- Functions as establishing a treatment protocol

**'Brilliant Futures™ Myopia Management Program Agreement**

Welcome to the Brilliant Futures Myopia Management Program  
Offered By [practice name]

**1. Introduction:**  
MiSight 1 day® contact lens is the only FDA approved<sup>2</sup> soft contact lens indicated to slow the progression of myopia (nearsightedness) in children, aged 8-12 at the initiation of treatment. Slowing of myopia progression is expected but not guaranteed. We are excited to journey together with your family in this program now and into the future. We are committed to be available along this journey and we ask for your commitment to the visit schedule and lens wear expectations.

**2. Wear Time**  
The children in the clinical trial were asked to wear their lenses ≥ 10 hours per day and ≥ 6 days per week. Most enjoyed wearing their lenses 11 to 14 hours per day.<sup>1,2</sup>

**3. Lens Wear – Application and Removal**  
To optimize a successful wearing experience, please review and follow the application and removal instructions provided separately.

*If at any time during the program your child experiences eye pain, discomfort, and/or redness, your child should remove the lenses immediately and you should contact our practice to speak with your doctor (or if the office is closed, contact our after-hours phone number at [insert after hours phone number or telehealth if applicable or alternate means of emergency eye care]).*

**4. Follow-Up Visits**  
This is an expected visit schedule to monitor your child's progression. Your doctor will determine the most appropriate interval and number of visits, all included in the program.

Year 1	Year 2 and onwards
Comprehensive Eye Exam	Comprehensive Eye Exam
Myopia Consultation	-
Contact Lens Training	-
1 week	-
1 month	-
6 months	6 months

**5. Costs**  
Program fee (each year): \$\_\_\_\_.

<sup>1</sup> The Brilliant Futures™ trademark and MiSight® 1 day copyright are owned by CooperVision, Inc.  
<sup>2</sup> Indications for use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

You have the option to pay a monthly installments over 9 months. If your child should be refunded to you. After 60 days of management treatments]

What's included in your Brilliant month supply of lenses, free of charge. Changes whether boxes are of myopia.

Diagnosis and treatment of myopia are not part of the program. Additional expenses are subject to additional expenses deductible.

**6. Acknowledgement:**  
I have read all the above information and understand the risks and benefits of this program. I hereby authorize Dr(s). [insert name of ECP and practice name]

Child's name: \_\_\_\_\_

Parent or legal guardian signature: \_\_\_\_\_

Doctor signature: \_\_\_\_\_  
Brilliant Futures Myopia Management  
Certified Eye Care Professional  
[insert full name of ECP and practice name]

Date: \_\_\_ / \_\_\_ / \_\_\_\_

Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. Optom Vis Sci. 2019; 96(8):556-567.  
Chamberlain P et al. Further comparison of myopia progression in new and established myopia control treatment (MiSight® 1 day) groups. BCLA paper presentation 2019.





**AutoPay**

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Do you have the same or different fees for OrthoK/  
MiSight/Atropine?



What do you say to parents that “push back” on prices?

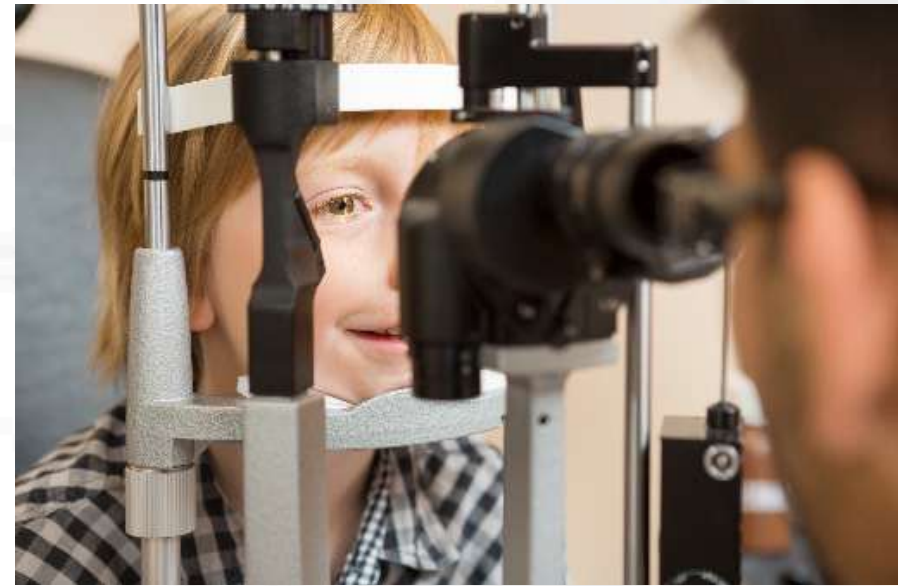


What do you find more effect?  
Consult the same day as the routine exam?  
-or-  
Bringing them back?

If you bring them back, is there a consultation fee?



Comprehensive eye examination



Myopia consultation



Application and removal education



Follow-up schedule

Offer myopia management as a program of care through the treatment period:

- Enable great outcomes through a transparent treatment protocol
- Build compliance through up front communication and appropriate follow up



The background of the slide is a faded, light-colored image of an optician adjusting a patient's eyeglasses. The optician's hands are visible on the sides, and the patient's face is in the center. The image is semi-transparent, allowing the text to be clearly visible over it.

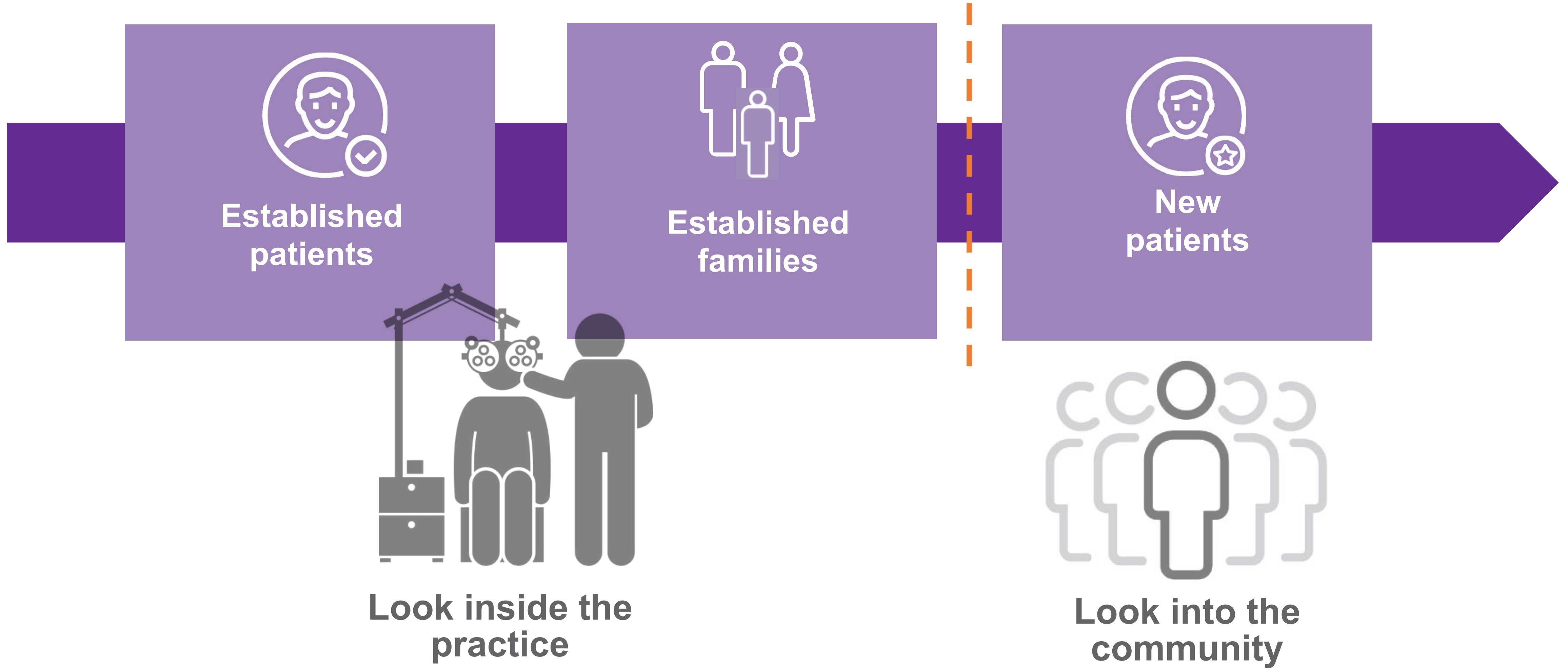
What has been your best form of marketing (aside from word of mouth?)

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# Patient selection







**CARILLON VISION CARE**  
 DR. ANDREW NEUKIRCH  
 DR. CHRISTINA DALPORTO  
 MYOPIA MANAGEMENT | VISION THERAPY

**CARILLON visioncare**  
 Myopia Management  
 Drs. Andrew Neukirch & Christina DalPorto

**BRILLIANT FUTURES™**  
 MYOPIA MANAGEMENT PROGRAM

**WHAT IS MYOPIA?**  
 Near-sightedness, also called myopia, occurs when patients can see well up close, but have trouble seeing things that are far away.

**WHO IS AT RISK?**  
 Children who spend more time on screens, especially those who spend more time on screens than outdoors, are at a higher risk of developing myopia.

**ORIKERATOLOGY**  
 Orikero is a non-surgical method that uses a special contact lens to slow down the progression of myopia. It is a safe and effective treatment for children and young adults.

**WHY IS MYOPIA MANAGING IMPORTANT?**  
 For all children who have a myopia management program, it is important to have regular eye exams to monitor their vision and ensure the program is working effectively.

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 Dr. Andrew Neukirch & Christina DalPorto  
 1500 Waukesha Blvd., Glenview, IL 60025  
 847.637.8782

**CARILLON VISION CARE**  
 DR. ANDREW NEUKIRCH & CHRISTINA DALPORTO

**Screen Time and Risk: An Insight from Dr. Neukirch & Dalporto**

Due to the advent of digital devices, our children spend more time per day on screens than most of us did at a similar age. More, thanks to COVID-19 schooling, and millions of children being forced to work from home, the amount of screen time will continue to increase for both children and adults alike.

We are especially interested in this topic as Optometrists whose focus is in myopia management (which means utilizing FDA approved methods to help lessen the progression of near-sightedness, a condition that goes hand in hand with screen time). As a result, we'd like to share some tips that aim to lessen eye strain/fatigue, and hopefully, also reduce overall device usage.

When it comes to non-essential (i.e. non-"learning" screen time), we agree with the official statements from the American Academy of Pediatrics:

- For children ages 2 to 5 years, limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.
- For children ages 6 and older, place consistent limits on the time spent using media, and the types of media, and make sure media does not take the place of adequate sleep, physical activity, and other behaviors essential to health.

**Other tips:**

- Designate media-free times together, such as dinner or driving, as well as media-free locations at home, such as bedrooms.
- The screen should be arm's length or beyond (a good general rule).
- The height of the screen should be at or slightly below eye level (not above).

[Continues on other side]

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 PHONE: (847) 637-8782  
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**My child needs glasses for distance vision... Why is this happening?**

Near-sightedness, also called myopia, occurs when patients can see well up close, but have trouble seeing things that are far away. Near-sightedness is caused from the eye itself growing longer over time, stretching out the retina and neurological tissue, which results in progressive vision loss and prescription changes.

The changes in eye shape can occur due to genetics, but also correlate with "near work." With the advent of digital devices, our children now spend more time per day on screens than most of us did at a similar age. We know conclusively that children who spend more time indoors are at risk for becoming myopic.

**Why should I try to prevent near-sightedness?**

Because of the stretching that occurs with the retinal tissue, it makes sense that these patients are at significantly higher risk of retinal detachments, glaucoma, and a host of other ocular diseases later in life, in addition to overall worsening vision.

**Congratulations to our office dog, Leo, on passing his Rainbow Animal Assisted Therapy certification!**

**What can I do to help preserve my child's vision?**

Until recently, most children who are near-sighted were likely to have their vision progressively worsen over time. They would continue to have prescription changes in almost all cases.

Now, we now seek ways to slow down the changes to eye shape, which is called "Myopia Management." Myopia Management has been a necessity of our practice for nearly a decade now, and Dr. Neukirch is one of the leading Myopia Management providers in the Chicago/land area.

To date, we have successfully utilized technology called orthokeratology, as well as at-home therapy with hundreds of our young patients.

Orthokeratology is a fantastic method that involves wearing contact lenses overnight to mold and reshape the cornea. While this therapy is very effective, many children are not great candidates and there is a learning curve for both children and their parents. Now, there is an additional option: MiSight.

MiSight is a 1-day disposable, soft contact lens that fits and feels like a usual contact lens. It not only corrects distance vision, like a typical contact lens, it's approved to slow the progression of myopia in children who begin treatment between 8-12 years of age.

We have already fit dozens of children in this line and are pleased to report high patient satisfaction. We believe it will quickly become the lens of choice for our myopic, school-aged patients.

**Is my child a candidate for MiSight?**

If your child is 8 years or older and requires glasses, please give us a call to schedule their annual eye exam. If they are a current patient and not yet due, let us know you are interested in finding out more about myopia control and one of our doctors can determine if they are a candidate without having to come in.

To learn more about MiSight & Brilliant Futures program, or to read the studies referenced above, please visit [www.CarillonVisionCare.com/MiSight](http://www.CarillonVisionCare.com/MiSight)

**NEW ARRIVALS!**  
 We are proud to have new arrivals in our optical from:  
 Maui Jim  
 Tory Burch  
 Ray-Ban  
 And More

**iSee**

As a parent, should you be concerned about your child's near-sightedness?

Near-sightedness may:

- Compromise ability to learn
- Lead to lower self-esteem in activities
- Limit school success later in life

You can make a difference in your child's life today!

**PARAGON OPTIC**

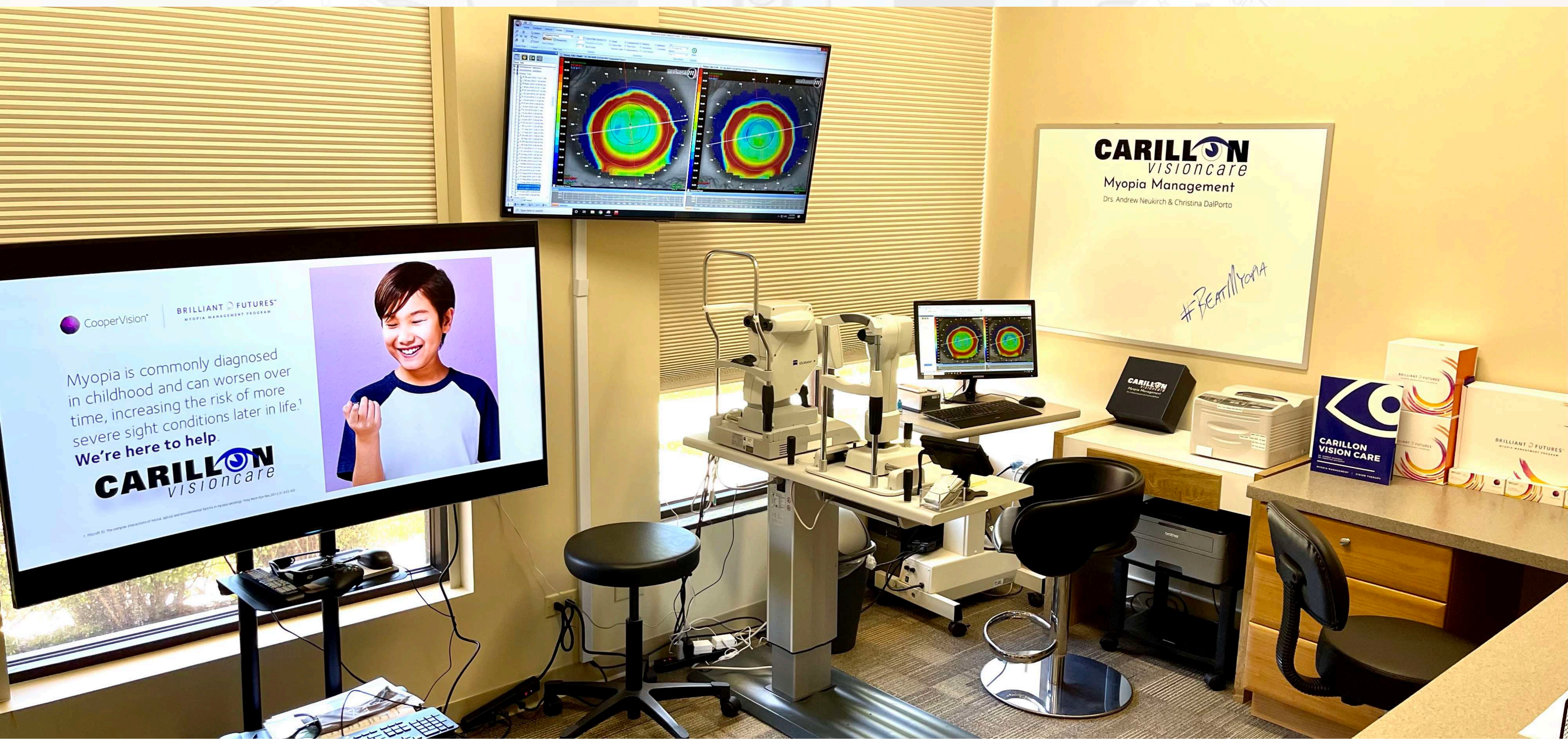
No glasses...  
 No daytime contacts...  
 No eye drops...  
 Ask Our Doctor About Contacts Kids Wear ONLY While Sleeping

Andrew Neukirch, O.D.  
 Certified CLE Practitioner  
 (847) 637-8782















***THANK YOU!***



**NEUKIRCH MYOPIA MANAGEMENT**

**[eyedocdrummer@gmail.com](mailto:eyedocdrummer@gmail.com)**

**CARILLON**  
*visioncare*

**Myopia Management | Vision Therapy**



Move from just  
**Correcting myopia → Treating myopia**

THANK YOU!!!!

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