



Nevyas Eye Associates / Delaware Valley Laser Surgery Institute

Ambulatory Surgery Center

FAX COVER SHEET

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Corneal Surgery

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Cataract & Glaucoma Surgery
and Therapy

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Cataract, Refractive, and
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Ophthalmic Plastic &
Reconstructive Surgery

Alan Deglin, M.D.
Retinal Disease & Surgery

Mitchell E. Stein, M.D.
Tumors, Retinal Disease,
Medical & Surgical Ophthalmology

John M. DeVara, M.D.
Ocular Ophthalmology
Color Motility &
Neuro-Ophthalmology

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

DATE: 2/4/98

TO: Tim Slerry

COMPANY: _____

FAX #: 215-238-4545

FROM: Kristin Lamey

NAME: _____

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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