



VISUAL COMPASSION

InFOCUS

Interprofessional Fostering of Ophthalmic Care for Underserved Sectors
a non-profit organization promoting "eye care for all"

Entry Point Vision Care and Focometry Workshop

Presented by: Joseph Dollak, O.D., Visual Compassion / InFOCUS

When: Monday and Tuesday, January 9-10th, 2012 – 9:00 a.m. to 5:00 p.m.

Where: InFOCUS Vision Clinic, 18555 Kuykendahl, Spring, TX 77379

Fees: \$100 per person

(Fee includes training, reference manual, snack and beverages. Eye health education materials and other eye care supplies may be purchased at the workshop.)

Main topics

- How to measure visual acuity
- How to use the FOCOMETER®
- How to use the Retinoscope
- Anatomy of the eye and how it works
- Common sight problems
- How to dispense eyeglasses
- How to assess, treat or refer patients
- Making appropriate referrals
- Primary eye care in developing countries
- Promoting eye health and safety

Houston George Bush Intercontinental Airport (IAH)

Driving Directions to InFOCUS Vision Center: Go west on Sam Houston toll way (4 miles), merge on I-45 North toward Dallas (8.6 miles); exit Louetta to left heading west, continue to Kuykendahl and take a left, turn right immediately after the Starbucks on the corner and enter parking lot. Proceed forward and you will be directly in front of the clinic.

Houston/William P Hobby – HOU

Driving Directions: Turn right onto Airport Blvd, turn left on Broadway St. (1.9 miles) Take I-45 north (29.4 miles), exit Louetta to left heading west, continue to Kuykendahl and take a left, turn right immediately after the Starbucks on the corner and enter parking lot. Proceed forward and you will be directly in front of the clinic.

Name: _____ Organization _____

Address: _____ City _____ State _____ Zip _____

Phone: (____) _____ E-mail: _____

No. Attendees _____ @ \$100 each (please provide list if more than one) Total Fee \$ _____

_____ Check enclosed (payable to InFOCUS) Mail to address shown below.

_____ Credit Card Number _____ / _____ / _____

Expiration Date ____/____/____ VISA _____ MasterCard _____ Discover

Cardholder _____ Signature _____