

10 Questions

What are questions you should ask when considering the purchase of a non-mydratic retinal camera for improving your practice's diagnostic testing?

What are questions you should ask when you are considering buying a retinal camera for better surgical and refractive outcomes.

1. Does the retinal camera take more than a few seconds to acquire a patient's retinal photo?

Speed and consistency are critical factors for any ophthalmic device. For a retinal camera it is important to maintain image quality on not only cooperative patients, but also those that can challenge your staff. The AFC-330 will provide the highest quality image possible by automatically aligning, tracking, focusing, and acquiring. This process has been perfected over many years resulting in an average capture time of less than 5 seconds per eye.

2. Are you currently performing advanced medical imaging, such as stereo photography or multi-field panoramic images?

Both these imaging techniques have been associated with the management and early detection of diseases such as glaucoma and diabetic retinopathy. Though retinal cameras have had these functions for decades, they have traditionally been tedious and time consuming for all staff members to perform. The AFC-330 has automated both functions; this enables a clinic to have any technician efficiently perform advanced imaging techniques without disrupting patient flow.

3. Do you have space limitations in your pretesting area?

As practices see an increasing number of patients, and with the further development of ophthalmic instruments, space for these instruments can be a practice's biggest challenge. The small footprint of the Marco AFC-330 is designed to fit on a multi-instrument lift table and does not need to have a laptop or desktop connected in order to operate.

4. Are you looking to integrate with an Electronic Medical Record system

As practices move forward with the implementation of electronic medical record systems it is important to partner with an equipment company that has proven, strong relationships with top EMR vendors. Marco's many technologies, including the AFC-330, are integrated in the most efficient ways in order to save time when entering patient information (while avoiding transcription errors), and reviewing exam results.

5. Do you currently rely on a specific staff member to perform special testing?

With some diagnostic instruments a clinic will tend to rely on a specific, highly trained staff member for operation to ensure reliable results. In some cases the doctor will choose to test the patient themselves. The AFC-330 will provide consistent results every time because it removes the variability amongst operators. Whether it be single 45° photograph, or advanced imaging techniques, the results will no longer be technician dependent.

6. Will you be capturing baseline retinal photographs on all patients or offering a wellness exam at an additional fee?

One of the most important capabilities of a retinal camera is the ability to detect subtle changes in retinal characteristics from one exam to another, to ensure earliest diagnostic detection of developing pathology. Some clinics will avoid baseline photos because of billing requirements regarding CPT 92250. The AFC-330 allows a practice to most effectively differentiate baseline photos from subsequent medical imaging by automating multiple angle imaging and stereo imaging when medical necessity is determined.

7. Are you currently able to capture external photographs?

Another feature of a retinal camera is the ability to acquire external images in addition to retinal photos. Typically this feature requires the adjustment of settings that are not always reset for retinal photos, resulting in retakes. The AFC-330 has automated the adjustments necessary for high quality external imaging, and more importantly the re-adjustment of settings when returning to retinal imaging mode. This extended ease of use can expand reimbursement with the use of CPT 92285 (external ocular photography)

8. Are you looking for an efficient method of comparing current retinal photos with photos from a previous visit?

One of the most powerful diagnostic capabilities of a retinal camera in an optometric clinic is the detailed comparing of results over time. Comparing the differences from one exam to another can provide the earliest detection of a number of systemic and ophthalmic diseases. The AFC-330's NAVIS-EX image management software provides the clinician with all the tools necessary to efficiently and easily evaluate and quantify structural change. A clinician can quickly review by interlocking side by side images, overlaying one image to another, and applying a number of color separating filters.

9. Are you tired of adding PCs to your clinic?

The average cost of a PC is not what can challenge a clinic; it is more the added support and risk that comes with adding another PC to the clinic's pretesting area. The AFC-330 was designed with an internal networking component. This 'networkability' removes the requirement for another PC to be added. NAVIS-EX Image management software can be installed on existing exam lane PCs (note: Minimum Specifications are required).

10. Does the retinal camera function similarly to an autorefractor, non-contact tonometer, aberrometer, and more?

In an ideal situation you would be able to train your staff on one product and they would be able to operate any device because they have similar automation, direction indicators, and interfaces. Amazingly Marco offers just that- unique operational simplicity across multiple products. Now the AFC-330 retinal camera is as easy to use as our popular ARK line of auto-refractors, tonometers, and even the OPD-Scan III wavefront guided refraction system.

We at Marco are very serious about having the best informed customers and want to supply you with answers to these questions. Your purchase ultimately needs to be followed by complete satisfaction and appreciation of your new instrument. First, define your goals, and then choose a partner who can help you realize them.

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