

Nevyas Eye Associates / Delaware Valley Laser Surgery Institute

Ambulatory Surgery Center

FAX COVER SHEET

Herbert I. Nevvas, M.D.
Cataract, Refractive, and
Corneal Surgery

Joann Y. Nevvas, M.D.
Cataract & Glaucoma Surgery
and Therapy

Anita Nevvas-Wallace, M.D.
Cataract, Refractive, and
Corneal Surgery

Ira B. Wallace, M.D.
Ophthalmic Plastic &
Reconstructive Surgery

David A. Deglin, M.D.
Retinal Disease & Surgery

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

John M. DeVaro, M.D.
Pediatric Ophthalmology
Ocular Motility &
Neuro-Ophthalmology

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

DATE: 2/4/98

TO: Tim Sherry

COMPANY: _____

FAX #: 215-238-4545

FROM: Kristin Lamey

NAME: _____

FAX #: (610) 668-1509 BALA CYNWYD, PA

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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