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MedInformatix
5777 W. Century Blvd., Suite 1700
Los Angeles, CA 90045

Dear Sir:

I have used a practice management software since 1983. We used two DOS based systems until we converted to MedInformatix in June of 1996.

We converted to the IVY system in January 1, 1994 on Alcon's promise that it would be updated to a windows based system. At that time, we had five offices and it was a compromise at best. We require three full time IT people to manage the system as we grew Pacific EyeNet to 16 offices, 19 ophthalmologists, and 125 employees. The Ivy's limit of 65,000 records required the management of four databases for our network. We had to export nightly each database to a common database for reporting.

We began conversion to MedInformatix in June 1996 and by the end of the year had converted all our offices to MedInformatix. The system was able to manage the schedule of our techs and ophthalmologist, bill insurance companies and most importantly produce a detailed report of our company revenue by doctor and location. Our office had some managed care sites that saw over 90 patients per day. This system managed all the offices until our company broke up in February, 1999.

At this time, I am using the system to manage a solo practice with EMR. EMR was implemented in the summer of 1999. It has provided a tremendous improvement in office productivity. Our staff can answer patient questions regarding prescriptions and post operative instructions without pulling a chart. They love being able to read the "doctor's handwriting". In addition, the billing entity has made it simple to reference all transactions as well as contacts to the insurance company. The newest version of MedInformatix allows easy scanning of documents in the patient records, such as insurance cards, outside consultation, labs, operative reports, etc. We are currently paperless on all new patients.

I can connect to the system from home to manage any emergency call at night or to review any preoperative information.

Sincerely,

Ray T. Oyakawa, M.D.