

David W. Parke II, M.D.
DMEI President and CEO

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PRESIDENT'S PERSPECTIVE

A TAIL OF TWO CITIES

The other day while riding in the back elevator at Dean McGee one of our young scientists joined me carrying a rack of tiny test tubes. I asked him what he had in the tubes.

"Mouse tails," he replied. "Actually not tails, but some cells we take from the tails for molecular biology and genetic analysis. We've altered the genetic structure in these mice from a lab in Boston as part of our new grant." He got off the elevator with his technician, heading for the laboratory.

That young investigator's two sentences say volumes about successful vision research.

First, molecular biology and genetic analysis. So much of what is done in the laboratory to examine normal cell function and human disease involves molecular biology, molecular genetics, and proteomics. In other words, instead of trying to infer what is causing a disease from secondary data, the scientist manipulates mouse genetics and directly studies the ensuing protein production and function to create a mimic of human disease. Fast, definitive, and elegant.

Let me give you an example. One of the most blinding of all eye infections is due to a bacterium called *Bacillus cereus* (a distant cousin of anthrax). Once it gets in the eye it almost always leads to blindness. It was presumed for years that this virulence (ability to cause severe disease) was due to the manufacture of a toxin by the *Bacillus cereus* that destroyed tissue. A team of scientists in our laboratory took a *Bacillus* strain, identified the gene that made the toxin, eliminated the gene, and demonstrated that it made no difference on virulence. In the process they studied a new gene and demonstrated that eliminating it rendered *Bacillus* relatively harmless. Not only is the case closed on the original toxin theory, but it suggests some therapies to treat the infection.

Second, mouse tail cells. To study many human diseases it is necessary to create an animal model of that disease to understand how it damages tissue and to investigate the effect of possible therapies. This process is frequently necessary, cumbersome, expensive, and highly regulated and controlled to (appropriately) ensure that proper standards for animal care are met. When I arrived at Dean McGee, our animal care facility held cats and monkeys. Now, it contains frogs (we use frog DNA), mice, rats, and a few rabbits. More and more can be done simply with mouse tail cells and similar tissue. Gene Anderson M.D., Ph.D. and his colleagues additionally use genetically engineered frogs for much of their work. They are inexpensive and perfect for his needs. (From my perspective the only problem is that frogs eat crickets and crickets occasionally escape in the Institute's basement).

Third, two cities. No scientist works in isolation. Each successful experiment builds on a huge pyramid of prior investigations. That's why each published scientific paper concludes with a list of references – sometimes hundreds long, each of which lists many more. New technology enables the sharing of much more than simply information, it enables the sharing of genetic material, genetically engineered animals, and analytical supplies and computer software. Occasionally there is scientific jealousy, but much more often there is active collaboration – teams of scientists working at different institutions, sharing information and materials, and building on each other's successes. Currently Dean McGee Eye Institute researchers actively collaborate with colleagues in San Francisco, Houston, Los Angeles, Boston, Germany, Japan, and many other places.

Fourth and finally, grant support. Each major scientist churns through hundreds of thousands of dollars annually in supplies, capital

THE PHYSICIAN PATIENT

On a cold January day in 1986 a physician friend informed me that I had chronic lymphocytic leukemia (CLL). I was 45 years old with a wife, four children, and a busy ophthalmology practice. Although as a physician I knew something about CLL, I had no idea of the journey that was in store for me. I am certainly not unique in facing a life-threatening disease. Over the years, a number of my patients and my friends have faced deadly diseases. Sixteen years later, the journey continues to define my being in many ways, some of which I would like to share with you from the particular point of view of a physician.

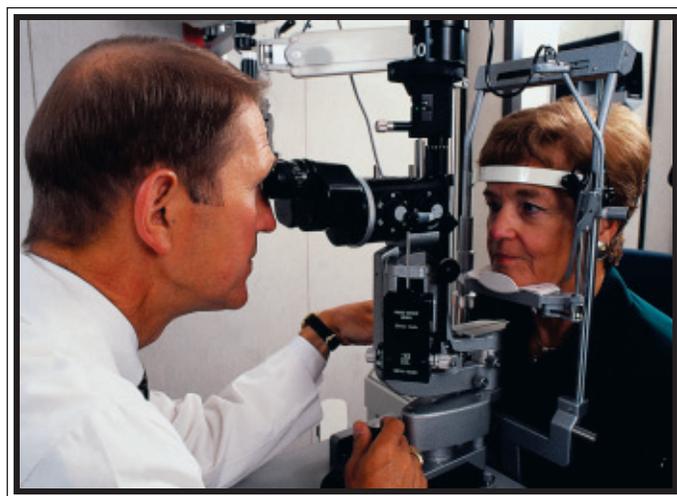
CLL is a slowly progressive cancer of the bone marrow. This disease is indolent, progressing very slowly. Most CLL patients are in their 60's or 70's at the time of diagnosis and oftentimes die of an unrelated disease. Unfortunately, 20% of newly diagnosed patients are under the age of 60. These patients may live a relatively normal life for many years only to become symptomatic from the CLL. Early signs and symptoms of the disease include fatigue due to anemia, easy bruising and bleeding due to low platelets, recurrent infections, night sweats, enlarged lymph nodes and an enlarged spleen. Death occurs from an overwhelming infection caused by a compromised immune system.

My experience with this disease has been fairly typical. My wife and I decided not to tell anyone, including our children, of my problem. We did not want others, including our children, treating me differently because of my disease. We thought our children might hesitate to take vacations, go out of state to college, or alter their lives in other ways. I elected not to tell my mother who was 82 at the time of diagnosis. I assumed, incorrectly, that she would no longer be living when I would require extensive treatment preventing me from keeping my closely guarded secret.

For ten years I lived a perfectly normal life with only routine laboratory testing every three to six months. The disease did change my life in two very important ways. Prior to the diagnosis, I considered myself a good father, if not an outwardly affectionate one. After the diagnosis, I became a father who hugged and kissed his children. This change has had a very positive affect on my life and the life of my family. The other change has to do with the way I view life. I quit worrying about the small things, which make up most of life. I am certain that this has helped me as a husband, father, and physician. Interpersonal relations are incredibly complex, but we oftentimes make them much more complex and difficult than need be because our priorities are misguided.

Six years ago I began having symptoms which were thought to be associated with the CLL. In addition, my white blood count had risen to 122,000 with 10,000 being normal. My wife and I decided to tell our children once treatment commenced. Although shocked and frightened initially, they have become a tower of strength. After consultation with my hematologist, George Selby, I began treatment using an oral medication, chlorambucil that has no noticeable side effects. After five years

the medication was no longer effective. I developed fatigue secondary to anemia, and low platelets. At the beginning of last year, I tried a chemotherapeutic agent, which didn't do any good. It did cause a neuropathy resulting in numbness of my feet. I felt a second opinion was in order. After an extensive evaluation at M.D. Anderson, a decision was made to proceed with a combination chemotherapy and monoclonal antibody protocol, which didn't alter my disease, but did cause fatigue, nausea and vomiting. I continued to work, but was certainly not as productive as I had been in the past. My physician at M.D. Anderson, the head of the CLL division, Michael Keating, is committed to aggressive treatment in an attempt



Dr. Balyeat examines a patient

to irradiate the disease. Another protocol using a newly approved monoclonal antibody was in store for me.

In September of last year I began treatment at M.D. Anderson. After the first week I was able to continue treatment at the OU Medical Center. This allowed me to work during the day going to the Presbyterian pavilion in the late afternoon for infusion therapy. The medication causes chills, high fever, and fatigue, all of which I experienced. On two separate occasions I experienced ocular complications in the form of a hemorrhage into my retina and into the vitreous gel that fills the eye. I viewed the photos taken of my eye with more than a passing interest. It reminded me of something one of my former professors used to say: "Blood in the urine is an important diagnostic sign, especially if it is your blood and your urine". In addition, at the completion of the therapy, I developed a very serious pneumonia, which required a three-day visit to the ICU. After three units of blood, nasal oxygen, and a bronchoscopy, I began to respond to large doses of antibiotics. I will be ever grateful to the physicians and nurses at the OU Medical Center who made the correct diagnosis and instituted treatment quickly. I am convinced they saved my life.

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LEGACY OF SIGHT

NEW VICE PRESIDENT FOR DEVELOPMENT

Penny Mills Voss has joined the Dean A. McGee Eye Institute as its new Vice President for Development. She is a graduate of the University of Central Oklahoma and comes to the Dean A. McGee Eye Institute with more than 17 years experience in development work at not-for-profit organizations. Ms. Voss has worked with numerous non-profits in the Oklahoma City area including the Oklahoma City Community Foundation, St. Anthony Hospital Foundation, Oklahoma City Philharmonic, University of Oklahoma and the Oklahoma Arts Institute. She currently resides with her family in Norman, Oklahoma.



Penny Mills Voss

One of the key reasons Ms. Voss chose to come to the Dean A. McGee Eye Institute was the commitment shown by the Board of Directors, physicians and staff in making the Eye Institute one of the top ophthalmology institutes in the nation.

“In order for this to happen, they understand we must be able to raise funds from the private sector to continue to provide the best quality care to all of our patients,” said Ms. Voss. “The best quality care can only be built upon a foundation of a strong vision research program, a commitment to education, superb physicians, and excellent facilities.”

“At the Dean A. McGee Eye Institute, we truly have grateful patients and friends who believe in what we do and support the work of the Eye Institute in many different ways,” noted Dr. Parke. “We are delighted to have attracted someone as experienced and dedicated as Ms. Voss to help us. As the new year approaches, Ms. Voss looks forward to visiting with many of you to thank you personally for the support you have so generously given to the Eye Institute over the years.”

HOW YOU CAN SUPPORT THE DEAN A. MCGEE EYE INSTITUTE

As you are thinking about your charitable gifts this holiday season, we hope you will consider supporting the Dean A. McGee Eye Institute Foundation. Many types of assets may be given to the Foundation including cash, securities, real estate, retirement plan assets, and personal property. Gifts to the Dean A. McGee Eye Institute Foundation can be restricted to vision research, patient care or educating tomorrow’s ophthalmologists. Or, your gifts can be unrestricted, making funds available for the changing needs of the Foundation. Either way, your gift is important to the future of the Dean A. McGee Eye Institute as we strive to provide critical vision care and assist our research scientists in finding treatments and cures for the most devastating blinding eye diseases.



2002 ANNUAL APPEAL IN SUPPORT OF INDIGENT CARE

Gifts received during this year’s Annual Appeal will help support the Dean A. McGee Eye Institute’s patients who cannot afford treatment and have no other place to go. The physicians, faculty and staff share a commitment for providing care to all patients – regardless of their ability to pay. The Dean A. McGee Eye Institute provided over \$1 million in uncompensated care to patients in the Oklahoma region during the past year. Unfortunately, the cost for indigent care is on the increase and the Dean A. McGee Eye Institute receives no federal, state, or hospital subsidies to help us provide continued care for these patients.

OTHER GIVING PROGRAMS

MEMORIAL/TRIBUTE GIFTS:

You might want to consider making a gift in honor of a loved one or in memory of someone very dear to you. Memorial and tribute gifts allow you to thoughtfully remember family members and friends who have been a vital part of your life.

PLANNED GIFTS:

A bequest, gift annuity or charitable remainder trust are just some of the ways you can make a gift to the Dean A. McGee Eye Institute Foundation while maintaining control of your assets or retaining an income for your life.

If you are interested in learning more about the Dean A. McGee Eye Institute Foundation’s planned giving program, please contact:

Penny Voss
Vice President for Development
(405) 271-7801
e-mail: penny-voss@ouhsc.edu



HOW TO MAKE A GIFT

The attached self-addressed return envelope has been included to provide you with an easy way to make a gift to the Dean A. McGee Eye Institute Foundation. Just fill in the appropriate information on the envelope and return it with your check to the Dean A. McGee Eye Institute Foundation. After your gift has been processed, we will send you an acknowledgement and receipt for your records.

DMEI FACULTY PROFILE: RONALD M. KINGSLEY, M.D.

It's a long way from New York City to Oklahoma City – especially if you travel around the world en route. But travel is not only a favorite pastime of DMEI's Dr. Ronald Kingsley; it's also a way he helps others. For example, next year he will visit China as part of a medical exchange program teaching Chinese physicians about the latest in retinal disease.

A specialist in retinal disease and treatment, Dr. Kingsley joined the DMEI faculty in 1983 and is a Clinical Professor in the University of Oklahoma College of Medicine's Department of Ophthalmology. He is responsible for retinal evaluation and laser treatment for patients with macular degeneration, diabetic retinopathy with bleeding or swelling of the retina, and other retina-connected problems. He is also involved in several clinical research projects studying new medications which could potentially slow down the progression of such blinding diseases diabetic retinopathy and macular degeneration.

Dr. Kingsley decided on a career in medicine after years spent observing his father, a bio-engineer in Philadelphia, who helped pioneer research on ultrasonography of the heart. Despite becoming "faint" while watching his first open-heart surgery, he went on to earn his M.D. degree from Georgetown University in Washington, D.C. Afterward, Dr. Kingsley completed his residency in ophthalmology at Yale University, plus prestigious fellowships at Johns Hopkins, Yale, Moorfields Eye Hospital and Hammersmith Hospital in London.

Dr. Kingsley thoroughly enjoys both the patients and his coworkers at DMEI. "I appreciate the camaraderie and expertise of our institute doctors and staff," he said. "And the most rewarding part of my job is dealing with our senior population. Seniors often need hope and assurance that they will always maintain some level of eyesight. They also need encouragement to use their remaining vision to the fullest extent possible, so that they can lead active and independent lives. They are very gracious and appreciative patients, and it's a pleasure working with them."

Off the job, Dr. Kingsley remains active, spending time with his wife, Pam, a nurse, and their two youngest children, who were adopted from Calcutta, India. "I am quite familiar with many of the playgrounds in Oklahoma City!," he noted. The Kingsleys also have two grown children, one a professional actress and the other a college student. As if all this weren't enough, Dr. Kingsley spends his "spare" time as a volunteer at the Charity Eye Clinic, sponsored by Skyline Urban Ministries. The program provides glasses and eye care for low-income patients.



Ronald M. Kingsley M.D.

ANNUAL CHANGING OF THE GUARD

OUR GRADUATING RESIDENT CLASS OF 2002:

Frank R. Drowota, M.D. has joined the Murfreesboro Medical Clinic in Murfreesboro, Tennessee where he will provide comprehensive ophthalmology.

Darin Haivala, M.D., has chosen a career in retina-vitreous and will complete a fellowship at DMEI.

Lucas Trigler, M.D., is pursuing a one-year fellowship in pediatric ophthalmology at Duke University. Following this fellowship he will return to the staff of DMEI.

Robert Sanke, M.D., neuro-ophthalmology fellow, will be returning to the Trinity Medical Center in Minot, North Dakota. He will be the only neuro-ophthalmologist in a four state area.

Ahmed Nasrullah, M.D., cornea fellow, has joined an ophthalmology practice in Washington, D.C. His wife Sameena will be practicing radiology in Fairfax, Virginia.

Brian Welcome, M.D., glaucoma fellow, will be joining the Jervey Eye Group in Greenville, South Carolina as their glaucoma subspecialist.

Meet our new Residents and Clinical Fellows:

Jeffrey Boomer, M.D., graduated summa cum laude from Kansas State University with a major in microbiology. During his Junior year in medical school at University of Kansas he was elected to Alpha Omega Alpha and served as their Vice President from 2000-2001. He is the recipient of numerous awards and scholarships throughout his graduate and undergraduate studies.

Billi S. Pankau, M.D., completed her B.A.-M.D. program at the University of Missouri Kansas City with a 4.0. She was elected as a Junior to Alpha Omega Alpha Medical Honor Society and was the recipient of numerous awards and scholarships. She was also a participant in the Nestle-sponsored Cultural Exchange with Switzerland.

Sylvia L.M. Speidel, M.D., received her B.A. with a major in Sociology from Rice University. She received her M.D. from Baylor College of Medicine where she published a study on multiple cranial nerve palsies with pseudotumor cerebri. Sylvia is fluent in French, German, and Spanish.

Reena Patel, M.D., is our incoming cornea fellow. During medical school she was elected to AOA and received Honors for her M.D. Thesis. She comes to us from her residency at Tulane University where she was Chief Resident at Charity Hospital.

Hemang Patel, M.D., joins our glaucoma service for his fellowship. He graduated from Wayne State University in 1998 with numerous awards and honors, including being elected to AOA. He has just completed his residency at the University of Illinois at Chicago.

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NEW OPHTHALMOLOGISTS

THE DEAN MCGEE EYE INSTITUTE WELCOMES TWO NEW OPHTHALMOLOGISTS TO ITS FACULTY



David W. Jackson, M.D.

David W. Jackson, M.D. has joined the Dean McGee Eye Institute and the faculty of the Department of Ophthalmology to direct its refractive surgery program and to provide care in anterior segment surgery and cornea. A native of New Mexico, Dr. Jackson received his M.D. degree from the University of New Mexico School of Medicine in Albuquerque. Following his internship in medicine at the University of Utah, Salt Lake City, he completed an ophthalmology residency at

Baylor College of Medicine in Houston. He then went on to complete a fellowship in refractive and anterior segment surgery at Baylor.

Dr. Jackson is an active member of The American Academy of Ophthalmology, The American Society of Cataract and Refractive Surgery, and The Association for Research in Vision and Ophthalmology. He has won numerous honors for scholarship and for biomedical research in ophthalmology and refractive surgery. Dr. Jackson has already authored nearly twenty scientific papers, abstracts, and book chapters in the field of anterior segment and refractive surgery.

The Dean McGee Eye Institute is delighted to welcome Charles P. Bogie III, M.D., Ph.D. to its staff and to the clinical faculty of the University of Oklahoma Department of Ophthalmology. Dr. Bogie graduated from the University of Oklahoma Magna Cum Laude and Phi Beta Kappa. He subsequently received both Ph.D. and M.D. degrees from the University of Oklahoma College of Medicine. He completed residency training at the Dean McGee Eye Institute in 2001.



Charles P. Bogie III, M.D., Ph.D.

Dr. Bogie is on the staff at Mercy Hospital and at the OU Medical Center Surgicare. He offers comprehensive ophthalmology and ophthalmic surgery including general eye examinations and medical eye care, as well as a broad spectrum of ophthalmic surgical procedures including state-of-the-art cataract surgery and glaucoma surgery. Dr. Bogie sees patients at the Institute's new Edmond office. ▲

Changing of the Guard, continued from page 4

Jonathan Tsai, M.D., graduated magna cum laude from the University of South Carolina in 1998. After receiving his M.D. from USC, he completed his residency at Scott and White Memorial Hospital. During his educational experience he has been the recipient of numerous awards and scholarships. He will be completing his fellowship in neuro-ophthalmology. ▲



Graduating residents and fellows join some of the faculty for an end-of-year photograph.

President's Perspective, continued from page 1

equipment, and personnel salaries. On top of that, space must be renovated to meet the unique needs of certain experiments and junior scientists must be provided with necessary funds until they can compete successfully for research grants from the National Eye Institute of the National Institutes of Health (NIH).

Where does this support come from? Major sources of support to vision research at the Dean McGee Eye Institute and the Department of Ophthalmology of the University of Oklahoma College of Medicine have included the NIH, Research to Prevent Blindness, Inc., Foundation Fighting Blindness, the Samuel Roberts Noble Foundation, and the Dean McGee Eye Institute Foundation.

In September of this year, our researchers received one of the largest NIH grants ever awarded to biomedical investigators in Oklahoma – \$11.4 million to help mentor junior scientists in vision research. What does this mean? It means that federal grant support is coming to our state, not to support an established investigator's specific project, but to help accelerate the careers of new, young scientists. This will add to the pool of scientific talent and enable them to compete for project-specific grants. The result ultimately will be more well-trained, innovative scientists targeting blinding eye disease here in Oklahoma. It's a scientific and an economic engine of incredible potential. Hopefully, this will lead to the kind of breakthroughs necessary to design new therapies for diseases like diabetic retinopathy, macular degeneration, glaucoma, and so many others that rob our fellow citizens of their sight.



Dr. Zhuo Kaixing, Director, Sichuan Provincial Health Bureau in China visited Dean McGee Eye Institute with a team of physicians and administrators to design a plan for Institute ophthalmologists to bring improved eye care to the 70 million people in this area of southwestern China. DMEI faculty made two trips in the spring of 2002. After a full day of meetings, a plan was developed for DMEI physicians to bring an expanded team to China in spring 2003 and on a more regular basis thereafter. DMEI physicians will concentrate on "teaching the teachers", participating in blindness prevention projects, and teaching surgical techniques.

DMEI OPENS NEW EDMOND OFFICE AND EXPANDS NW OKC OFFICE

In 1993 the Dean McGee Eye Institute established an office in Edmond as its first satellite office away from the Oklahoma Health Center with Drs. Larry Weidner and Jeff Shaver. During the ensuing nine years, as the number of patients seen grew and technology changed, the Institute searched for a location to build a new, expanded, and more modern facility. In mid 2001 construction was begun and on July 1, 2002 DMEI opened its new Edmond office at 1005 Medical Park Boulevard in the Renaissance Medical Park near the intersection of 15th and Kelly.



New Edmond Office

The new facility contains not only offices and examining rooms for three ophthalmologists, but it also includes a large optical shop, examining space dedicated for pediatric ophthalmology, a contact lens office, and a laser suite utilizing modern computer technology. Drs. Charles Bogie, Diana Hampton, and Jeff Shaver are all board-certified ophthalmologists providing comprehensive medical and surgical ophthalmology at this new office.

The Institute's northwest Oklahoma City office sits midway between Deaconess and Integris Baptist hospitals on NW 56th St. Its proximity to the Northwest Expressway and Route 66 provides easy access not only to patients from northwest Oklahoma City, but to Bethany, Warr Acres, and Yukon areas. Drs. Gemini Bogie and Ralph Hester are both board-certified ophthalmologists providing full-time comprehensive care at this location. The office was recently expanded to provide an optical shop and increased space for new diagnostic equipment.



DMEI OPTOMETRIC SERVICES

When asked about eye care at the McGee Eye Institute, most people think of sophisticated, state-of-the-art subspecialty care in retina, glaucoma, complex cataract surgery, corneal disease, neuro-ophthalmology, corneal and refractive surgery, pediatric ophthalmology, or oculoplastic surgery. However, many Oklahomans also come to the Institute for general eye care and management of less complex problems. Numerous DMEI ophthalmologists provide such care at all of its offices. However, in order to provide care to these patients in a more timely fashion, the McGee Eye Institute has also established an optometry service. DMEI's optometrists are dedicated to providing the highest quality patient care.



Dana M. Jones, O.D.

Dana M. Jones, O.D. obtained her optometry degree from Nova Southeastern University in Florida, graduating at the top of her class. She won numerous academic honors in corneal disease, contact lenses, and primary eye care. Her fiancée is a fellow in radiology at the University of Oklahoma. Dr. Jones cares for patients at the main Oklahoma Health Center DMEI office.

Selina R. McGee, O.D. is a native Oklahoman who received her optometry degree summa cum laude from Northeastern State University in Tahlequah including receiving her school's award as the Outstanding Senior Clinician. She was on the President's Honor Roll for all four years of undergraduate and optometry education. Dr. McGee practices at the main Institute office and at the Midwest City office.



Selina R. McGee, O.D.



Walter J. Stark Jr., M.D., Dr. Parke, and Carmen A. Puliafito, M.D., M.B.A. field questions at the Eleventh Annual Stark Memorial Lecture.

The Physician Patient, continued from page 2

In January I took another round of therapy composed of two new monoclonal antibodies which had been used before, but not in combination. A bone marrow biopsy in March and in June confirmed that I was in remission. I am leading an essentially normal life at the present time. I knew that this remission would not last forever and, in fact, I am now scheduled for more chemotherapy. At some point in time I will probably need a bone marrow transplant. I would like to postpone this as long as possible for a variety of reasons, not the least of which is it will take at least 100 days out of my life and I have no matched donor.

What have I learned from all of this? It is better to be a health care provider than a health care recipient. Another important lesson is that the natural human emotional responses to a life-threatening disease, once conquered, permit you to better relate to your disease and to your family. As I look back, if I were much younger when I got so sick, I would have problems associated with guilt (leaving my children before they were capable of caring for themselves) and anger (why me Lord). I have worked through the emotional turmoil that serious illness invariably causes. Isolating the disease as only a medical problem is beneficial. Viewing the disease as a formidable advisory, which must be dealt with, removes much of the stress associated with the resulting symptoms and the side effects of the treatment. Knowing what to expect from the treatment and knowing that the treatment course is limited allows you to endure the side effects. This in turn helps family members cope with the fear of the unknown, which is invariably present.

Being a physician patient also helps in that there is a clearer understanding of the disease process and the treatment goal. I can ask the right questions of the physicians and nurses. I am also usually able to tell when the medical profession is doing things for the right reasons, not just because it is the way things have always been done. Having said that, I continue to be impressed with the knowledge and compassion with which I have been treated by physicians and nurses, especially those involved with the care of cancer patients. I sincerely believe they understand how the emotional aspect of the disease process effects treatment outcome.

This has been an interesting journey. Remember my 82-year-old mother. She died at 98 working in her garden with her tennis shoes on and she was able to see me in remission. Last summer I was forced to tell her of my serious illness, something I had dreaded for 15 years. Her comment: "It could be worse. You could have Alzheimer's or a brain tumor. There is treatment for leukemia. I'm sure you will respond favorably". Would I have the disease if I had a choice; perhaps. I believe it has made me a more compassionate, tolerant physician and a more loving husband and father.





DMEI TELEPHONE DIRECTORY OKLAHOMA CITY

608 Stanton L. Young Boulevard

Cornea and External Diseases

(405) 271-1095
James Chodosh, M.D.
David W. Jackson, M.D.
Rhea L. Siatkowski, M.D.

General Ophthalmology

(405) 271-1090
Hal D. Balyeat, M.D.
Cynthia A. Bradford, M.D.
Layne E. Goetzinger, M.D.
David W. Jackson, M.D.
Deana S. Watts, M.D.

Glaucoma

(405) 271-1093
Adam C. Reynolds, M.D.
Gregory L. Skuta, M.D.

Low Vision

(405) 271-7834
Rebecca K. Morgan, M.D.

Neuro-Ophthalmology

(405) 271-1091
Bradley K. Farris, M.D.
R. Michael Siatkowski, M.D.

Ocular Prosthetics

(405) 271-3391
Nancy A. Townsend, B.C.O.

Oculoplastic Surgery

(405) 271-1096
P. Lloyd Hildebrand, M.D.
Scott C. Sigler, M.D.
Scot A. Sullivan, M.D.

Optical Services

Spectacles, Low Vision Aids

Contact Lenses

(405) 271-6174
Sheree Lyons, A.B.O.C.
Jean Ann Vickery, F.C.L.S.A.

Optometric Services

(405) 271-1090
Dana M. Jones, O.D.
Selena R. McGee, O.D.

Pediatric Ophthalmology/ Strabismus

(405) 271-1094
R. Michael Siatkowski, M.D.

Refractive Surgery

(405) 271-2010
Hal D. Balyeat, M.D.
David W. Jackson, M.D.
Darrell J. Pickard, M.D.

Retina/Vitreous

(405) 271-1092
Reagan H. Bradford, Jr., M.D.
Stephen R. Fransen, M.D.
Ronald M. Kingsley, M.D.
Robert E. Leonard II, M.D.
David W. Parke II, M.D.

Trauma/Emergency

(405) 271-6060

EDMOND

1005 Medical Park Blvd.

General Ophthalmology Ophthalmic Surgery

Contact Lens Services
(405) 348-0913

Charles P. Bogie III, M.D.
Diana E. Hampton, M.D.
Jeffrey T. Shaver, M.D.
Jean Ann Vickery, F.C.L.S.A.

LAWTON

3201 W. Gore Blvd., #105

General Ophthalmology Ophthalmic Surgery

(580) 250-5855

Ann A. Warn, M.D.
John Veiga, M.D.

NORTHWEST OKC

3500 N.W. 56th, #101

General Ophthalmology Ophthalmic Surgery

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Gemini J. Bogie, M.D.
Ralph B. Hester III, M.D.
Mika M. Hague, N.C.L.C.

MIDWEST CITY

8121 National Ave., #407

General Ophthalmology Ophthalmic Surgery

Contact Lens Services
(405) 733-4545

Darrell J. Pickard, M.D.
R. Randall Robinson, M.D.
Selena R. McGee, O.D.
Wanda A. Fisher, N.C.L.C.

Visit our website at www.dmei.org.

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