AWS# 200-0220 Rev. 02 **Products**



ML7100 CLB®

To fit the **ML7™** Microkeratome







ML7030 CLB®

To fit the Nidek® MK-2000

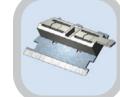
Keratome System







10/box -30 -20 -10 0 +10 +20



ML7050 CLB®

To fit the Moria® M2 Microkeratome















10/box -30 -20 -10 0 +10 +20

ML7040 CLB®

To fit the Lasitome/SKBM Microkeratome

10/box















ML7090 CLB®

To fit the **Amadeus® I & II** Microkeratome

10/box

ML7003

10/box

To fit the **ACS**

Microkeratome







Tubing ML8001VS- For **ACS**, Hansatome®, and Amadeus®.

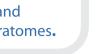
ML8060VS-For Moria® & ML7.



Keratome Repairs

We currently service the ACS, Hansatome®, and Moria® M2 microkeratomes.









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www.mlogics.com

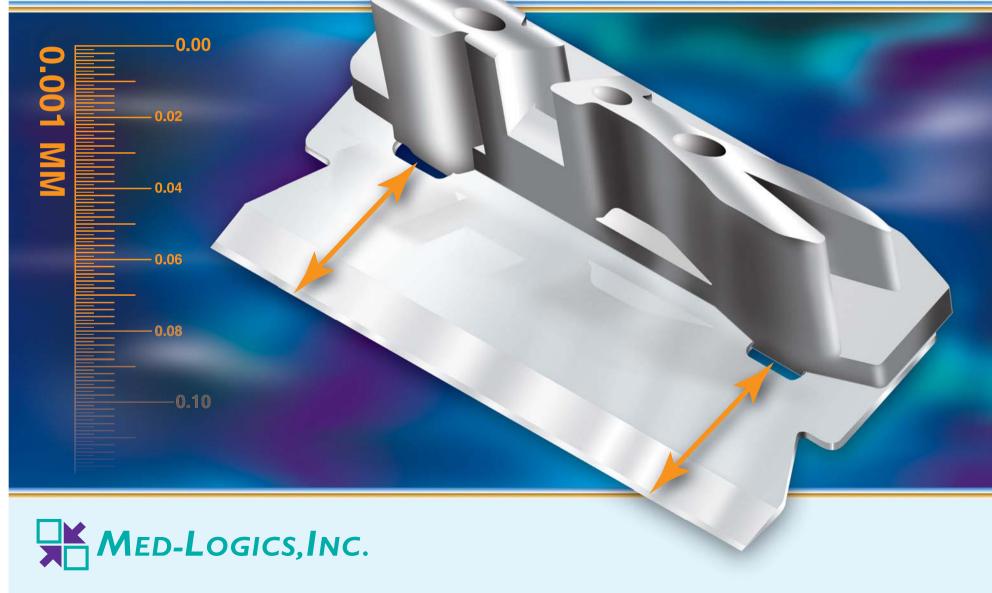
1 The Lasitome is a product of Gebauer Medizintechnk GmbH. The SKBM was a product of Summit Technology, Inc., which was acquired by Alcon, Inc. MED-LOGICS, Inc. is not affiliated with Gebauer Medizintechnk GmbH, Summit Technology, Inc. or Alcon, Inc.

3 The Hansatome® microkeratome is a product and registered trademark of Bausch and Lomb, Inc. The ACS microkeratome was a product of Chiron Corp.,

- 2 The MK-2000 Keratome System is a product of and Nidek® is a registered trademark of Nidek Co., LTD. MED-LOGICS, Inc. is not affiliated with Nidek Co., LTD.
- which was acquired by Bausch and Lomb, Inc. MED-LOGICS, Inc. is not affiliated with Bausch & Lomb, Inc. 4 The Amadeus® microkeratome is a product and registered trademark of SIS, AG. MED-LOGICS, Inc. is not affiliated with SIS, AG.
- 5 The LSK ONE, CB, and M2 microkeratomes are products of and Moria® is a registered trademark of Moria Surgical, S.A. MED-LOGICS, Inc. is not affiliated with Moria Surgical, S.A.
- 6 The IntraLase® is a product and registered trademark of Advanced Medical Optics, Inc. (AMO), MED-LOGICS, Inc. is not affiliated with Advanced Medical Optics, Inc.







ML7090 (-20) CLB®

in the Amadeus® II

122 µm

____ 100 μm

Range: 33 µm

SD: 7.1 µm

n: 63 eyes

158 µm

– 130 μm

80 um

Range: 78 µm

SD: 19.0 um

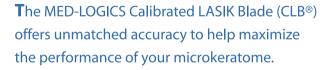
n: 38 eyes

IntraLase® FS data was generated by Perry S. Binder, MD and

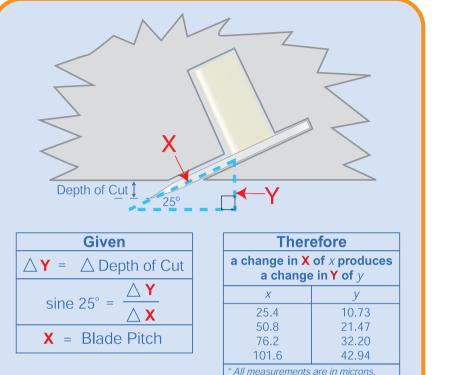
published in the Journal of Cataract and Refractive Surgery

in June 2006. Dr. Binder is a paid consultant to IntraLase/AMO

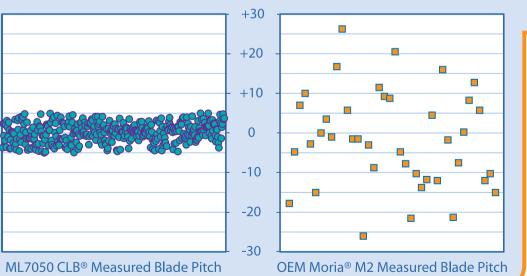
IntraLase® FS Laser



The most critical dimension of the LASIK blade is from the front surface of the plastic Blade Holder to the cutting edge of the Blade. This dimension is directly related to the depth of cut and is commonly referred to as the Blade Pitch.



ML7050 CLB® vs. Moria® M2 Blades



Many of the traditional LASIK blades vary by as much as +/-0.0047" in the Blade Pitch dimension, which would result in a range of +/-50 microns in the depth of cut.

The CLB® maintains the Blade Pitch so that it will translate into a range of +/-5 microns in the projected depth of cut.

It is now possible to produce a CustomFlap® with the

treatment options offered by the PLANO, Minus 10, Minus 20, Minus 30, Plus 10, and Plus 20 (microns) Calibrated LASIK Blade (CLB®) models from MED-LOGICS. Through its advanced assembly process, the CLB® is able to maintain a tolerance of +/-5 microns in the projected depth of cut. This re-treat a patient unprecedented accuracy allows the CLB® to be taken to the next level in offering surgeons the ability to customize the

PLANO CLB®

CustomFlap® Options

The PLANO CLB® model is used when the surgeon wants to create a flap that approximates the average flap thickness produced by the given keratome head.

flap to their patients. Since all corneas are not the same,

treatment options are critical to attain optimal results.

Minus CLB® Models

A Minus CLB® model can be used to maximize the amount of residual stroma for cases of higher correction. Patients with thicker corneas often experience thick flaps because of the cornea compression that occurs during the microkeratome pass. To adjust for the normally thicker flap on these patients, a Minus CLB® can be used to compensate for the thicker cornea to obtain a desired flap thickness.







Plus CLB® Models

Other Considerations:

Generally, a thinner flap should contour to the newly ablated stromal surface better than flaps that are excessively thick. However, some surgeons prefer to achieve a flap that is slightly thicker than the head indicates to minimize the possibility of striae. The CLB® options allow the precision required to accomplish either a thinner or thicker flap predictably based on the surgeon's preference.

Each microkeratome brand and model operates differently and has its own performance characteristics, so the same nomogram may not work for all microkeratome brands. Traditional LASIK blades may be the single largest contributor to unpredictable flap thickness, but there are other important factors such as vacuum control, blade oscillation speed, advancement rate, and head accuracy that can have a significant impact on flap thickness.

The Plus CLB® model can be used in cases when there is a need to create a thicker flap than the microkeratome head usually creates. This can be especially beneficial in cases where the surgeon must cut below an original flap depth to

Benefits of a predictable flap:

> Reduced risk of complications

Range: 90 µm

SD: 18.8 um

n: 239 eyes

Amadeus® II data for both the OEM blade and the ML7090 (-20) CLB® was provided by Marc Mullie, MD

and Gordon Balazsi, MD of the Laservue Refractive Surgery Clinic in Montreal Canada in 2006 and is on

file. Neither surgeon has financial interest in or is compensated in any way by MED-LOGICS, Inc.

OEM Blade

in the Amadeus® II

185 µm

- 135 um

- > Repeatability and peace of mind
- > Improved patient outcomes
- > Broader range of LASIK candidates

The MED-LOGICS Calibrated LASIK Blade (CLB®) offers unparalleled flap thickness predictability. The proprietary CLB® design allows for unmatched precision in the Blade Pitch. This precision translates into greater repeatability and predictability of the flap thickness.

The chart above shows data the ML7090 CLB® to be over twice as accurate as an OEM blade for the same microkeratome. This was a direct comparison study using the same surgeons and the same piece of equipment