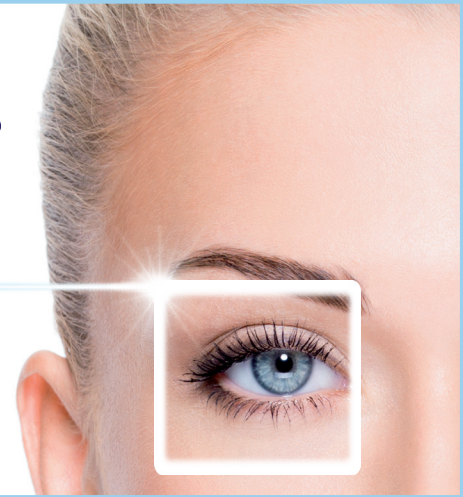


CLINICAL TRIAL ON EYE WITH IRPL® TECHNOLOGY



THE EFFECTIVENESS OF EYE ON MGD MANAGEMENT

Study conducted by:
Shaun MacInnis OD, BSc



INCLUSION CRITERIA



Patients with Dry Eye Symptoms



NITBUT less than 10 Seconds



12 PATIENTS RECRUITED



Age:
71 Years

Meibomian
Gland Loss:
35%

NITBUT:
4.63 Seconds
averages based
on worst eye

MG Score:
11.00
averages based
on worst eye

OSDI Score:
37.9

BASELINE DEMOGRAPHICS

TRIAL DESIGN

STEP 1 - DAY 0 TO DAY 30

Patients Followed MGD Standard of Care
(This consists of the daily use of the products below)



I-DROP® MGD



I-VU® OMEGA-3 PLUS



I-RELIEF™



I-LID 'N LASH® PLUS

STEP 2 - DAY 30 TO DAY 105

EYE Treatment Protocol was Added to
MGD Standard of Care

(Patients received EYE treatments
on Day 30, Day 45, and Day 75)

This follows standard treatment protocol spacing of Day 0, Day 15, and Day 45

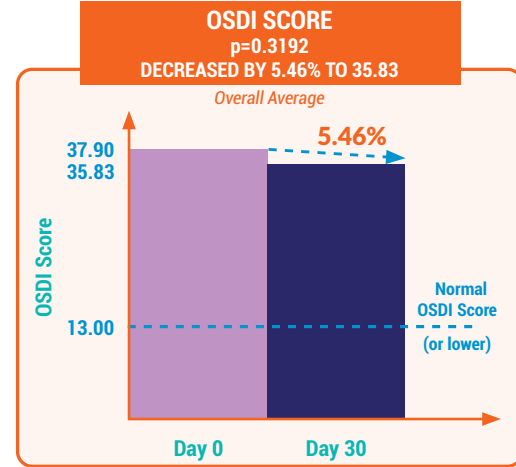
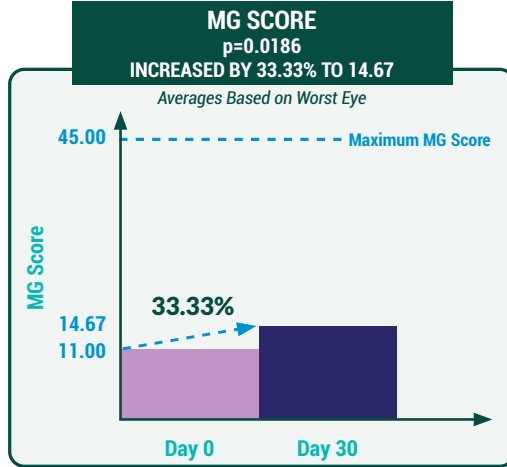
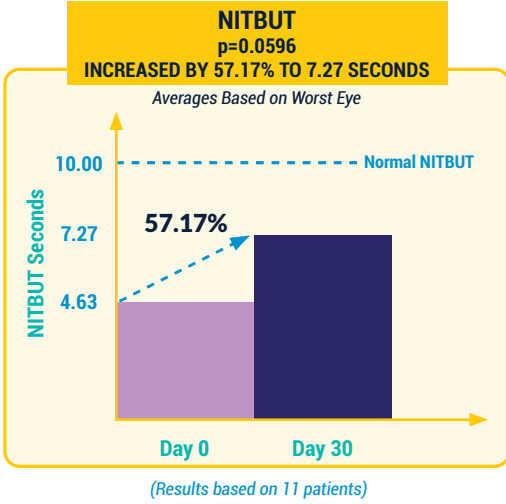


- CLINICAL TRIAL RESULTS -

The Addition of EYE to MGD Standard of Care Results in Significant Patient Improvement at Day 105

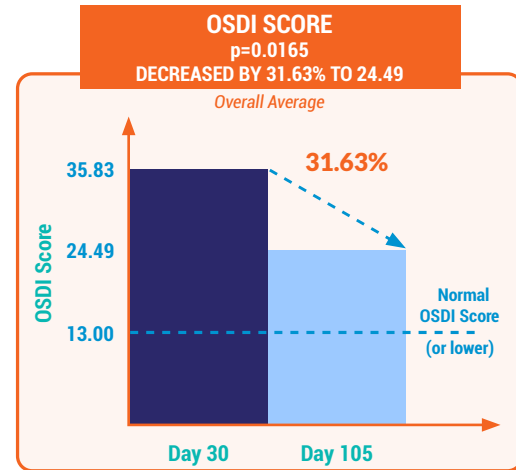
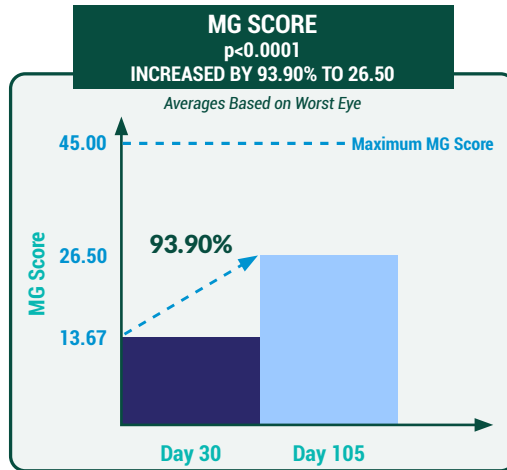
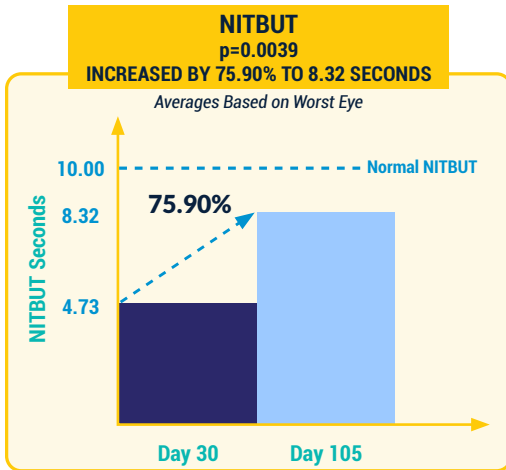
RESULTS FOR DAY 0 TO DAY 30

MGD Standard of Care demonstrates the following patient improvements:



RESULTS FOR DAY 30 TO DAY 105

The addition of EYE to MGD Standard of Care demonstrates significant patient improvements:



CONCLUSION

The addition of EYE to MGD Standard of Care results in improvements to NITBUT, MG Score, and OSDI showing the effectiveness of the EYE at stimulating the increase in both quality and quantity of meibum.



EYE IRPL® PRODUCES CONSISTENT RESULTS FOR MGD PATIENTS BY:

- ✓ Reducing Ocular Inflammation
- ✓ Precisely Heating the Meibomian Glands
- ✓ Stimulating the Parasympathetic Trigeminal Nerve Which Improves the Function of the Meibomian Glands