Presents:

Unique **diaton** Tonometer

**Tonometry (Glaucoma IOP Test) Through the Eyelid!**

[www.TonometerDiaton.com](http://www.TonometerDiaton.com)
Unique **Diaton Tonometer**

- Awards, New Technology Recognition
- Typical uses of the Diaton Tonometer
- Benefits / Necessity of Diaton
- Advantages of the Diaton Tonometer
- Results of comparative analysis
- Clinical Study 1: accuracy correlating with GAT; safety and operating speed of NCT
- Clinical Study 2: Primary Care Physician and Patient Experience With Non-corneal Tonometer Glaucoma Screening
- Publications (articles from Ophthalmology and Optometry Times)
- Diaton Posters / Clinical Studies
- Brochures / Catalogue
- Diaton is delivered with: appearance of the tonometer / case
- Contact information
- SUMMARY

www.TonometerDiaton.com
“Diaton tonometry” is a unique approach to measuring intraocular pressure (IOP) through the Eyelid. **Non-Contact** (no contact with cornea), **no anesthesia** or sterilization required, pen like, hand-held, **portable tonometer**.

At the moment there are many methods to measure the intraocular pressure. Direct contact with the cornea is a disadvantage of all these methods. Our product, Diaton Tonometer, differentiates itself from all the other devices. The intraocular pressure is measured through the palpebra (the eyelid) near the derma, and because of this technique, any influence upon the mucosa is prevented.

**This new Unique tonometer is a New Wave in Ophthalmology...!**
Awards / New Technology \textbf{Recognition}

This new transpalpebral methodology has received many prestigious awards and Diplomas.

Typical uses of the Diaton Tonometer include the following:

- Mass screening of patients.
- IOP control during clinical observation and selection of adequate hypotensive therapy for glaucoma patients.
- Serial tonometry for obtaining Diurnal curve.
- IOP can be obtained without removing contact lenses.
- IOP measuring in immobilized patients - measurement can be done sitting or supine.
- IOP measuring in children. Measurement is taken outside of the visual field.
- Patients with the following conditions: chronic conjunctivitis, corneal pathology including keratitis, keratotone, corneal dimness, after penetrating keratoplastics, keratoprosthesis, laser refractive correction, high degree of ametropy, astigmatism.
- On patients with medicinal allergies.
- Lasik / LASEK / PRK (Diaton can be used for IOP measurement right after these surgeries).
- Diaton Tonometer is intended for use by Inpatient & Outpatient Clinics such as Hospitals, Emergency Rooms, Nursing & Elderly Homes, General & Specialty Practitioners as well as Ophthalmologists and Optometrists.
Necessity of Diaton

Need of quick, easy-to-use, sufficiently reliable tonometer in clinical practice for glaucoma screening

**Major Benefits of Diaton Tonometer:**

- No contact with the cornea (only upper eyelid)
- No anesthesia drops
- No risk of infecting or scratching cornea
- No consumables (no need to purchase replacement tips/covers..etc.,)
- No sterilization
- No pachymetry needed (no need to purchase pachymeter)
- No daily calibration needed
- Handheld / Portable + Easy to use

www.TonometerDiaton.com
## Advantages of Diaton

<table>
<thead>
<tr>
<th>Features</th>
<th>diaton</th>
<th>Goldmann Tonometer</th>
<th>Shiotz Tonometer</th>
<th>Air-jet</th>
<th>Tonopen</th>
</tr>
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<tbody>
<tr>
<td>No contact with the cornea</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Portability</td>
<td>+</td>
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<td>+</td>
<td>+</td>
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<tr>
<td>Displays independence from cornea's crookedness</td>
<td>+</td>
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<tr>
<td>Digital IOP indication</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Measurement in sitting position</td>
<td>+</td>
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<td>+</td>
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<td>+</td>
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<td>Measurement in reclining position</td>
<td>+</td>
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<td>+</td>
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<td>+</td>
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<td>Short-time measurement</td>
<td>+</td>
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<td>Sterilization is not required</td>
<td>+</td>
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<tr>
<td>Anesthesia is not required</td>
<td>+</td>
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<tr>
<td>Lasik / PRK measurement</td>
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Clinical Comparison 1

Clinical comparison of the Diaton and non-contact tonometers with the Goldmann *(Gold Standard)* applanation tonometer

Purpose: to compare the reliability of IOP measurements with digital non-invasive devices requiring no anesthesia:

1. Transpalpebral scleral Diaton tonometer
2. Non Contact pneumat Tonometer (NCT), and
3. The Goldmann Applanation Tonometer (GAT)

(continued)
Clinical Comparison 1 (cont)

Eighty-seven (87) patients (146 eyes) with chronic glaucoma
Ages - from 29 to 85
Male:female - 51:36

• Inclusion criteria
  ▶ Duration of the disease – not less then 1 year
  ▶ Lack of severe non-compensated general pathology

• Exclusion criteria
  ▶ Occurrence of concomitant ophthalmopathy (eyelids pathology, high degree of ametropia, cornea pathology)
Diaton Tonometry
Clinical Comparison 1 Results:

Results of comparative analysis of DIATON, NON-CONTACT and GOLDMANN tonometry measurements

<table>
<thead>
<tr>
<th>Tonometer</th>
<th>M±SD, mmHg</th>
<th>min, mmHg</th>
<th>max, mmHg</th>
<th>Std err of mean</th>
<th>R, p&lt;0,001</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAT</td>
<td>17,4±7,6</td>
<td>6</td>
<td>40</td>
<td>1,17</td>
<td></td>
</tr>
<tr>
<td>NCT</td>
<td>21,4±9,13</td>
<td>5</td>
<td>47</td>
<td>1,91</td>
<td>0,87</td>
</tr>
<tr>
<td>Diaton</td>
<td>16,7±5,58</td>
<td>6</td>
<td>36</td>
<td>0,86</td>
<td>0,78</td>
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</tbody>
</table>

No significant difference of IOP mean values
(t =-0,51, p<0,001)
Results: Diaton Tonometry

DIATON has both accuracy correlating with GAT and safety and operating speed of NCT
Results: Diaton Tonometry

Divergence in Diaton-tonometry, non-contact and Goldmann tonometry values

When divergence in values was greater than or equal to 4 mm Hg the registered IOP was more then 30 mm Hg
Comparison: Diaton Tonometry

The study shows high reliability of transpalpebral scleral Diaton Tonometer

- sufficient for clinical purpose accuracy correlating with GAT
- safety and operating speed typical for non-contact tonometers
- possibility to get IOP digital result in cornea pathology and its thickness alteration
Clinical Study 2

Primary Care Physician and Patient Experience With Non-corneal Tonometer Glaucoma Screening

Purpose:
To evaluate the patients’ and primary care physicians’ experiences in using the Non-Corneal Tonometer Diaton for screening of glaucoma in the adult population

Methods:
- Primary care physicians (PCPs) were trained to use the non-corneal tonometer using a round testing plate
- PCP ensured that patient had no contraindications for tonometer use, then obtained informed consent from patient before using tonometer
- Intraocular pressures (IOPs) were recorded and patient was referred to ophthalmology if >21 mmHg
- PCP and patient each filled out a questionnaire afterwards to evaluate the experience
Clinical Study 2 (cont)

Usage:

Indications

Screening tool for elevated IOP by PCPs
Can measure IOP even in the presence of viral infections, allergic reactions, and/or dry eye syndrome, conditions contraindicated for corneal tonometry
Can serve as non-invasive day monitoring while selecting the adequate hypotensive medical treatment
Can measure IOP with contact lenses on
Can measure IOP on immobilized patients
Trained family members can monitor IOPs of glaucoma patients at home

Contraindications

Cannot use in the presence of upper lid pathology (inflammatory diseases, scars, eyelid deformation)
Cannot use if there is pathology of sclera and/or conjunctiva in the measuring area
Clinical Trial 2 (cont)

Non-Corneal Measurement of IOP

Tonometry performed with patients in sitting or reclining position, with eye looking at a target at 45°

• Tonometer tip placed vertically over the eyelid to measure IOP through the eyelid without direct contact to cornea

• No anesthesia or sedation required
Study Population: Characteristics

\[ n = 159 \text{ patients} \]

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Count (Percentage)</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
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<tr>
<td>Male</td>
<td>100 (63%)</td>
</tr>
<tr>
<td>Female</td>
<td>59 (37%)</td>
</tr>
<tr>
<td>Age (mean +/- standard deviation; range)</td>
<td>55.35 +/- 12.04; 21-86</td>
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<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>3 (1.8%)</td>
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<tr>
<td>Black</td>
<td>60 (37.7%)</td>
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<tr>
<td>Hispanic</td>
<td>61 (38.4%)</td>
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<tr>
<td>White</td>
<td>22 (13.8%)</td>
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<tr>
<td>Other</td>
<td>13 (8.1%)</td>
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<tr>
<td>Diabetic</td>
<td>33 (20.8%)</td>
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<tr>
<td>Hypertensive</td>
<td>71 (44.7%)</td>
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<tr>
<td>Family history of glaucoma</td>
<td>20 (12.6%)</td>
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</tbody>
</table>
## Clinical Trial 2 (cont)

### Results

**n = 159 patients**

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<tbody>
<tr>
<td><strong>Mean IOP +/- standard deviation (SD)</strong></td>
<td><strong>14.35 +/- 3.13 mmHg</strong></td>
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<tr>
<td><strong>IOP &gt;21 mmHg</strong></td>
<td><strong>4/159 (2.5%)</strong></td>
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<tr>
<td><strong>Mean Discomfort Score (0 = none, 1 = mild, 2 = moderate, 3 = severe, 4 = extreme) +/- SD</strong></td>
<td><strong>0.17 +/- 0.43</strong></td>
</tr>
<tr>
<td><strong>Not mind PCP measuring IOP rather than an ophthalmologist</strong></td>
<td><strong>137/159 (86.2%)</strong></td>
</tr>
<tr>
<td><strong>Recommend Diaton Tonometry to family/friends</strong></td>
<td><strong>147/159 (92.5%)</strong></td>
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<tr>
<td><strong>Patients who had experienced Diaton and airpuff tonometry</strong></td>
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<tr>
<td>- preferred Diaton tonometer</td>
<td><strong>30/36 (83.3%)</strong></td>
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<tr>
<td>- preferred airpuff tonometer</td>
<td><strong>6/36 (16.7%)</strong></td>
</tr>
</tbody>
</table>
## Clinical Trial 2 (cont)

### Results

<table>
<thead>
<tr>
<th>Mean experience when training to use Diaton +/- SD</th>
<th>1.75 +/- 0.46 (very easy = 1, easy = 2, difficult = 3, very difficult = 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean experience using Diaton on patient +/- SD</td>
<td>1.75 +/- 0.46 (very easy = 1, easy = 2, difficult = 3, very difficult = 4)</td>
</tr>
<tr>
<td>Approx. time taken to measure IOP (from positioning to end) +/- SD</td>
<td>2.38 +/- 0.74 (30s = 1, 1 min = 2, 1.5 min = 3, 2 min = 4)</td>
</tr>
<tr>
<td>PCPs who like using Diaton</td>
<td>100%</td>
</tr>
<tr>
<td>PCPs who would use Diaton again</td>
<td>100%</td>
</tr>
<tr>
<td>PCPs who would recommend Diaton use by other PCPs</td>
<td>100%</td>
</tr>
<tr>
<td>PCPs would recommend Diaton use by allied/ancillary staff (non-MDs)</td>
<td>7/8 (87.5%)</td>
</tr>
<tr>
<td>Of PCPs who were familiar with Diaton and airpuff, preferred Diaton over airpuff</td>
<td>3/3 (100%)</td>
</tr>
</tbody>
</table>

\( n = 8 \) Primary Care Physicians (PCP)
Clinical Trial 2 (cont)

Conclusion

The Diaton non-corneal tonometer uses a transpalpebral approach to measure IOP through the eyelid without contact to the cornea

On average, Diaton causes virtually no discomfort to the patient

PCPs are easily trained to properly use the device

Most patients and physicians prefer Diaton over airpuff tonometer

Diaton was able to identify 4/159 patients with an IOP>21 mmHg

In summary, Diaton tonometer is a safe and easy-to-use screening tool for PCPs to identify patients at risk for glaucoma and refer them to ophthalmology

www.TonometerDiaton.com
Approvals/ Clearance:

Diaton Tonometer is clinically proven and

FDA approved, Class 2, 510k cleared - USA
CE Mark 0535 - Europe
ISO 90001:2000

www.tonometerDiaton.com
Unique tonometry through the Eyelid!

Publications:

Pen-like tonometer designed to be patient-friendly

Noncontact device measures IOP quickly, shows results similar to ‘gold standard’ in studies

By Jennifer A. Weinbren

Reviewed by John Hope, MD, and Mark Laties, MD

Long Beach, NY—A handheld tonometer that measures IOP through the eyelid and over the sclera is proving to be helpful for ophthalmologists faced with patients who are apprehensive about seeing an instrument approaching their eyes or who have a corneal abnormality, according to several ophthalmologists who have used it.

The tonometer (Dilacon, Bausch & Lomb) is a pen-like instrument that measures IOP within seconds without the need for anesthesia or sterilization. Approved by the FDA in 2006, the instrument has been the subject of numerous clinical trials, where it has been found to be comparable with the gold standard: the Goldmann applanation tonometer.

According to Roman Hornig, the company’s chief executive officer, the device is available in more than 50 countries, and more than 1,000 units are on the market. Additional accessories are not required.

Contraindications for all

The device appears to ophthalmologists who see pediatric patients and those with patients who have corneal edema or corneal abnormality, he said. Because the device is used on the upper eyelid and not on the patient’s field of vision as they recline and look at a 45° angle, patients do not need to blink or squeeze their eyes shut before the reading, which can show the IOP measurement.

“I do recommend that the doctor and patients of the patient,” Hopi said. “There is really no discomfort, especially for the patient who might feel anxious.”

Mark Laties, MD, and David Block, MD, members of the Department of Ophthalmology, Massachusetts Eye & Ear Infirmary, Boston, and Enri William Choc, MD, an ophthalmologist in private practice at Park Avenue Laser in New York, performed a study of the tonometer to compare IOP measurements taken with the device with those from the Goldmann applanation tonometer in normal and glaucoma eyes.

The study examined 64 eyes of 33 consecutive patients, 32 eyes having glaucoma and 10 eyes without. Goldmann tonometry was performed by one of the authors, whereas the proprietary device measurements were taken by another author in a masked fashion.

In both the normal and glaucoma groups, 15.15% of the device measurements were exactly the same as those obtained with the Goldmann tonometer. The device underestimated IOP measurements on page 44.

The proprietary tonometer, however, correlated within 3 mm Hg of Goldmann in 83.3% of eyes and “may be a clinically useful screening device for measuring IOP,” the authors concluded.

“At the end of the study, we reached the conclusion that the transpalpebral technique is a very promising method for tonometry, especially for screening and in patients with corneal pathology,” Dr. Shalit said.

Dr. Choc said that the device might be a good tool for family practitioners who screen patients for glaucoma, because it does not require anesthesia and can be performed simply in an ophthalmic setting.

“It’s easy to use, and friendly, and it can be used on patients who are screening,” Dr. Shalit said. “It’s portable, it’s economical; it’s really good for screening purposes.”

Retrospective chart review

Richard S. Davison, MD, of the Rocky Mountain Lions Eye Institute, Aurora, CO, led a retrospective chart review of consecutive IOP measurements performed on 64 eyes of 32 patients aged 34 to 91 years with both tonometers. Dr. Davison found that 85% of all measurements were within 3 mm Hg of each other.

“The transpalpebral method of measuring IOP with the proprietary tonometer correlates well with the Goldmann method,” the study concluded. “[It] may be a clinically useful device for measuring IOP in routine eye exam.”

A similar retrospective review, with Theodore H. Curtis, MD, affiliated with the Rocky Mountain Lions Eye Institute, found that transpalpebral measures correlated well with measurements from another proprietary tonometer (Trans-Pal, Reichert). The study found that the aforementioned device was useful when examining children who “were reasured by the fact that no drops were needed.”

The proprietary tonometer requires no anesthesia and can be performed in an office setting.

John Hope, MD, an ophthalmologist in private practice in Okahoma City, said that he prefers the device because application tonometry is time-consuming and often requires support staff. Dr. Hope said that he has used the instrument routinely on every patient for at least 6 months.

“This instrument is so user-friendly, . . . no rubber covers to deal with, and, after the initial purchase, it is virtually maintenance-free,” he said. “I clean the instrument with an alcohol pad after each use, and it is easily portable in your pocket and can be transported from room to room or from office to office.

"There is no corneal contact and pressure can be obtained on patients who might be anxious.” Dr. Hope concluded. "The technique is easy and quickly learned.”

DILUM, INC.
Agreement among Transpalpebral, Transcleral and Tactile Intraocular Pressure Measurements in Eyes with Type 1 Boston Keratoprosthesis

Jessica Liu, Thasarat S. Vajaranant, MD, Maria S. Cortina, MD, Jacob T. Wilensky, MD

INTRODUCTION
Currently, most forms of tonometry require an intact cornea to estimate intraocular pressure (IOP), which presents a problem in patients with corneal pathologies such as keratoprosthesis (KPro).
Glaucoma is a major visual limiting factor in a majority of patients following keratoprosthesis, but an accurate method of monitoring intraocular pressure readings remains a challenge to clinicians.

PURPOSE
To explore if transpalpebral IOP measurement with the Diaton tonometer can be an alternative method of measuring IOP and yield valuable data in eyes with KPro in comparison to commonly used tactile and pneumotonometer.

METHODS
Retrospective case series
23 eyes in 20 patients with Type 1 Boston KPro who presented to the Illinois Eye and Ear Infirmary Clinic. Service for follow up
Inclusion Criteria: age >18 years, ability to understand procedures and willingness to comply with the study

IOP Measurements
The first IOP was estimated tactiely by palpation of the globe performed by the patient's corneal surgeon
The second IOP measurement was taken with a pneumotonometer placed on the sclera peripherally to the contact lens in the inferotemporal quadrant (Model: Becton, Diagnostics, Santa Ana, California, USA)
The third and final IOP measurement was taken with the Diaton through the upper lid in accordance with the instructions by the manufacturer (BicO, Inc., Long Beach, NY, USA)

Analysis
The average of two Diaton IOP measurements were recorded and used in the analysis
Since the tactile IOP were recorded as a range rather than a definite number, the percent agreement and the percentage of eyes in which the pneumotonometer or Diaton IOPs were within 2 mmHg of the tactile IOP range were computed
Two-tailed T-test was used to compare the mean of the pneumotonometer and Diaton IOP measurements

RESULTS
The analysis included 23 eyes of 20 patients.
The overall IOP mean ± SD
17.3 ± 6 mmHg for pneumotonometer
13.8 ± 5 mmHg for Diaton tonometer
15.5 ± 2 mmHg for tactile by palpation
The pneumotonometer consistently yielded higher IOP values, compared to Diaton (p = 0.04).
The percentage agreement:
85% between tactile range and pneumotonometer IOPs
95% between tactile range and Diaton IOPs
48% between the pneumotonometer and the Diaton.

DISCUSSION
It is necessary to monitor IOP in KPro patients since glaucoma occurs in 75% of patients following keratoprosthesis.
In this study, the presence of KPro did not appear to interfere with Diaton IOP measurements.
It is possible that because KPro also did not interfere with scleral pneumotonometer readings, 1 However, scleral pneumotonometer readings have been shown to estimate higher IOPs than corneal pneumotonometer.
Our findings show that the Diaton tonometer yielded IOP readings that agreed more similarly to those obtained by palpation than by scleral pneumotonometer.

CONCLUSION
There still remains a need to eliminate variability in IOP instruments to successfully monitor glaucoma in KPro patients.
Transcleral pneumotonometer yielded higher IOP readings when compared to tactile and Diaton IOP estimates.
This study suggests that Diaton measurements may be an alternative method to tactile IOP and may be a device that can help alleviate physician dependent tactile IOP measurements.

REFERENCES

SUPPORT
Cancer Gabriel Fund, Chicago, IL Research to Prevent Blindness
Comparative agreement among three methods of tonometry: Goldmann applanation, transpalpebral and dynamic contour.

Zárate L1, J. Jiménez-Romín 1, F. Gil-Carrasco 1.
1 Asociación para Evitar la Ceguera en México, I.A.P.
Universidad Nacional Autónoma de México, Mexico City.

Purpose:
To examine the intraocular pressure measurement obtained with the Goldmann applanation tonometer (GAT), the Pascal dynamic contour tonometer (DCT; Swiss Microtechnology AG, Port, Switzerland) and the Diaton tonometer (DT; Bicomp Inc, Long Beach, NY, USA). A second objective was to correlate central corneal thickness (CCT) with the GAT, the DCT and the DT.

Methods:
The IOP measurements were obtained with the GAT, DCT, and DT by the same observer. CCT measurements were made using the ultrasonic pachymeter. Six Diaton intraocular pressure measurements were obtained before the instillation of anesthesia, after which 2 GAT IOP and 3 DCT IOP measurements were obtained in a randomized order. The device agreement were calculated by Bland Altman analysis (mean difference [bias] and 95% limits of agreement [LoA]). Central corneal thickness were obtained by 3 measurements of each eye and its mean. The effect of central corneal thickness on the intraocular pressure measurement was calculated with the Pearson's correlation coefficient.

Results:
40 patients, 7 men, 33 women. Ages between 47-82 years. 38 right eyes, 39 left eyes. 26 with primary open angle glaucoma under treatment, 14 with glaucoma suspect. Mean IOP GAT: 14.4 mmHg, DCT: 18.8 mmHg, DT: 15.09 mmHg. Mean pachymetry 546.2 μm. The agreement between GAT-DCT, GAT-DT and DCT-DT were 4.45, 0.69 and 3.71 mmHg, respectively. The correlation between GAT-CCT, DCT-CCT and DT-CCT were .449, .542 and .511, respectively (p<0.001).

Conclusions:
Moderate agreement between GAT and DT, bad agreement between DCT-GAT and DCT-DT. Moderate correlation between DCT and DT with CCT. Mediocre correlation between GAT and CCT.
Unique tonometry through the Eyelid!

Diaton Brochures

Non-Corneal Tonometry?!

ONLY WITH
diaton
TRANSPALPEBRAL TONOMETRY

• No contact with the cornea
• No risk of infecting
• No need to take out contacts
• No need to adjust with pachymetry
• No anesthesia drops
• No consumables
• No sterilization

1-877-DIATONS (342-8667)
www.TonometerDiaton.com
Unique tonometry through the Eyelid!

Diaton Brochures / Catalogue

Diaton tonometer provides high reliability of measuring results and makes it possible to diagnose glaucoma in the early stage, appoint necessary treatment and medicines.

The unique methodology of intraocular pressure measuring through the eyelid applied in the device provides new resources in ophtalmotonomometry, simplicity and safety of tests.

Transpalpebral diaton tonometer is effective and irreplaceable in various situations:

- screening examinations of the patients
- IOP control during selection of adequate medicines
- IOP measuring in the presence of chronic conjunctivitis, erosions, edema and cornea dimness
- IOP measuring in patients after corneal surgeries
- ophthalmology day monitoring
- IOP measuring in immobilized patients and in children
- IOP measuring during contact correction (lenses are not taken out)

New diaton tonometer has a number of indisputable advantages in comparison with the tonometers traditionally used in clinical practice:

<table>
<thead>
<tr>
<th>Features</th>
<th>diaton</th>
<th>Goldman Tonometer</th>
<th>Shiotz Tonometer</th>
<th>Air-Jet</th>
<th>Tonopen</th>
</tr>
</thead>
<tbody>
<tr>
<td>No contact with the cornea</td>
<td>+</td>
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<td>Portability</td>
<td>+</td>
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<td>Discrepancy independence from corns pressure</td>
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<td>Correctly pressure</td>
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<td>Intraocular pressure indications</td>
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<td>Measurement in sitting position</td>
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<td>Shorter measurement</td>
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<td>Sterilization is not required</td>
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<td>Anaesthesia is not required</td>
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<td>Lask / PKR measurement</td>
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**SPECIFICATIONS**

- IOP
- Measurement range, mm Hg
- Measurement error
- The time of a single measurement, s, not more than 0.5
- Battery voltage, V
- Number of measurements using one battery
- Sensor SW, not less
- Length, mm
- Dimensions, mm, not more

Method for measuring the intraocular pressure through the eyelid and adheres for measuring the same are protected by the Patent of Russia № 2 172 956, United States Patent № 6 136 305 B1 and Patent of Japan № 593 552 116.

Toll free: 1.877.diaton(342.9667)
www.TonometerDiaton.com

Front / Back
Diaton is delivered with:

Diaton Tonometer is delivered complete with:

- Carry-case with testing/calibration device
- Instruction DVD with self calibration and cleaning instructions (no need to send it away for service or cleaning)
- User Guide/Manuals
- Battery (3V battery, available everywhere)
- 24 months warranty
- Live support @ 1-877-diatons(342.8667)

<table>
<thead>
<tr>
<th>SPECIFICATIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Measurement range, mm Hg</td>
<td>5-60</td>
</tr>
<tr>
<td>Measurement error</td>
<td>Limit of the admissible measurement error in the range, not more: from 5 to 20 mm Hg - ±2 mm Hg; from 20 to 60 mm Hg - ±10%</td>
</tr>
<tr>
<td>The time of a single measurement, s, not more</td>
<td>3</td>
</tr>
<tr>
<td>Supply voltage, V</td>
<td>3</td>
</tr>
<tr>
<td>Number of measurements using one battery set, not less</td>
<td>1500</td>
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<tr>
<td>Service life, not less</td>
<td>8</td>
</tr>
<tr>
<td>Weight, g</td>
<td>89</td>
</tr>
<tr>
<td>Dimensions, mm, not more</td>
<td>174 x 26 x 20</td>
</tr>
</tbody>
</table>
For inquiries please contact our

Customer Service @ 1-877-diatons(342.8667)

Or email Contact@TonometerDiaton.com

Web: http://www.TonometerDiaton.com
SUMMARY:

Diaton Tonometer is Clinically Proven to be a Top Choice for Quick and Painless Intraocular Pressure (IOP) testing for Glaucoma in Children and Adults in Any Clinical Setting.

Diaton allows to be more efficient and armed with the latest technology available!

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