



Dedicated to the interests of women O.D.s

Different Approaches, Same Destination

There's more than one way to arrive at practice ownership

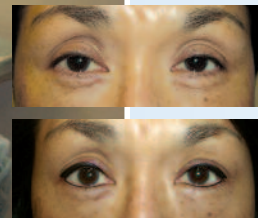


Dr. Miri Park



Dr. Sandra Bury

Making A PERMANENT IMPRESSION



Before
and after
permanent
eyeliner

OD's career change blends fashion and function

Dr. Reed practices optometry and permanent cosmetic tattoo artistry.

After working 20 years in the contact lens and pharmaceutical industries, optometric consulting and fill-in clinical positions, **Laura Reed, OD, MBA**, shifted careers to become a professional cosmetic tattoo artist. It started, simply enough, when she decided to have permanent make-up herself. She'd seen advertisements at a local esthetician's office and thought, "I'm getting older, I'm a busy gal and my skin is changing." During the process, Dr. Reed told the esthetician, "I really love making beautiful things or making things more beautiful." Optometry achieved some of that, but the artist in her wasn't quite satisfied. She also yearned for a practice of her own but felt it was too late.

The esthetician encouraged Dr. Reed to consider entering the field of permanent cosmetics, saying, "We need more people like you to raise the bar." So she took the initial certification course, followed by advanced and specialty classes before opening her business called Artistic Cosmetic Solutions. Most certified cosmetic tattoo artists don't have a medical background, which Dr. Reed considers a distinct benefit. While most of her services involve permanent makeup, she also offers specialized cosmetic tattooing to minimize the effects of surgery, medical conditions or accidents.

These days, she spends more time looking around someone's eyes, adding permanent eyebrows and eyeliner, than she does looking into them. However, she continues to fill in on a *per diem* basis for optometric colleagues, in order to maintain her optometry skills.

She finds that many of the same business principles apply.

◆ **Find the right place.** She started out on a mobile basis, taking her instrumentation with her to salon-spas, and then she subleased space in a physician's office. Falling commercial real estate prices allowed her to lease her own office about a year ago in Garden Grove, Calif.

◆ **Manage finances carefully.** Maintaining her optometric license and credentials allows her to work and supplement income during her slow seasons.

◆ **Be prepared to work long hours.** For practice management, she draws parallels between cosmetic tattoo clients and specialty vision services. Both require unique office preparation, patient consultations and longer schedules.

◆ **Use downtime wisely.** Market the practice, add upgrades and streamline your process.

◆ **Invest in instrumentation, staff and a referral and recall system.**

Dr. Reed is delighted with the career switch, but says it's quite a change transitioning from a science career into a beauty-based one. On top of the \$7,000 she spent on her fundamental training course, she had to purchase additional equipment and supplies, and her high business costs are ongoing. "I didn't go in for the income but to try something different," she says. Finally, the artist has found her palette—and just like in optometry, she



Dr. Reed

blends function and fashion.

For more information on Dr. Reed's permanent cosmetics practice, visit her web site, artisticcosmeticsolutions.com. **WO**

ODs Shift Preteen Children into Contact Lenses

More than half of optometrists feel it is appropriate to introduce a child to soft contact lenses between the ages of 10-12, with daily disposable contact lenses being the most frequently prescribed contacts for this age group, according to a new American Optometric Association (AOA) study.

At ages 8-9 (51 percent) and 10-12 (71 percent), optometrists most often fit children in eyeglasses as the primary method of vision correction and prescribe contact lenses as a secondary correction.

However, data from the survey of 576 optometrists from across the country shows a gradual shift in optometrists' approach to vision correction as children get older, with 21 percent noting that they are more likely to fit 10-12 year olds in contact lenses than they were a year ago. Twenty percent of the respondents say they begin prescribing contact lenses as the principal form of vision correction for children ages 10-12, 49 percent prescribe contact lenses first for 13-14 year olds, and 66 percent recommend contact lenses as the main form of vision correction for 15-17 year olds.

"Studies in children's vision correction confirm that contacts provide collateral benefits to children beyond simply correcting their vision, including significantly improving how they feel about their physical appearance, acceptance among friends and ability to play sports. So it's no surprise that optometrists and parents are becoming even more comfortable with the decision to recommend contact lenses to children when vision correction is required," says **Christine W. Sindt, OD, FAAO**, associate professor of clinical ophthalmology at the University of Iowa and Chair of the Contact Lens and Cornea Section of the AOA. **WO**



Dr. Sindt