

Baxter
Welch Allyn
Spot
VISION SCREENER

DETECT RISK FACTORS FOR
AMBLYOPIA IN CHILDREN



JOIN THE FIGHT TO SAVE SIGHT IN OUR CHILDREN



WIRELESS CONNECTIVITY

Built-in driverless printing enables you to wirelessly print screening summary reports using the improved wireless radio for even faster results.



SIMPLE, CLEAR RESULTS

Bright touchscreen displays on-screen results, indicating whether a complete eye exam is recommended or if all measurements are in range. Instant results are easy to interpret and share with parents and eye care specialists.



AUTO CAPTURE

Automatically capture in seconds from a noninvasive 3-foot distance using the fixation target to keep the child's focus.



MANAGE DATA EFFICIENTLY

Prepare for busy screening days by easily importing screening subjects via wireless connection or USB drive to your queue. Once screenings are complete, seamlessly export summary reports to be uploaded to patient electronic medical records.



EASY TO USE

Breeze through vision screening with an out-of-box easy handheld camera, featuring point-and-shoot auto-capture of both eyes in seconds. The portable design is perfect for busy pediatric offices, schools and community vision screenings. Smart technology guides you through vision screening and captures results on 97% of children.¹

DESIGNED TO SAFEGUARD CHILDREN'S VISION

Backed by peer-reviewed clinical evidence,² **Spot** Vision Screener enables fast and objective detection of six amblyopic risk factors in children as young as six months.

MEASURABLE IMPROVEMENT COMPARED TO CHART-BASED SCREENING

We're experts in helping any size organization improve its vision screening program. The introduction of **Spot** Vision Screener at The Pediatric Physicians' Organization at Boston Children's Hospital (PPOC) helped them increase vision screening completion rates in three-year-olds to 87%, compared to only 39% using chart-based screening.³

A SMART INVESTMENT

When you implement **Spot** Vision Screener, you can generate reimbursement revenue through CPT 99177.* You'll also get a more efficient vision screening experience that helps to increase vision screening completion rates³ and decrease unnecessary referrals to an eye care specialist.³

* CPT code 99177 describes instrumentation that provides on-site, real-time analysis of the images. This does not require electronic transfer of data for analysis. The physician is able to receive an on-site reading and report.

SPOT VISION SCREENER SELECT PRODUCT SPECIFICATIONS

Spherical Equivalent Range	-7.5D to +7.5D in 0.25D increments (D = diopters)
Cylindrical Range	-3.00D to +3.00D in 0.25D increments
Pupil Size	3.0 mm to 9.0 mm (3.0 mm available for 20-100 age range)
Gaze Measurement	0 to 20 degrees
Dimensions	Length: 8 1/2 in (20.3 cm) Width: 6 3/4 in (15.2 cm) Height: 4 3/4 in (10.2 cm)
Weight	~2.55 lbs (1157 g)
Battery	Lithium Ion. Expected life ~2.5 years (under normal usage).
Time Per Measurement	Second(s)
Measuring Distance	3.3 ft
Fixation Target	Random LED visual pattern and audible sound

For a complete list of product specifications, visit hillrom.com/spotvisionscreener.

ORDERING INFORMATION

VS100S-B	Spot Vision Screener, power supply and cord, wrist strap, DFU and carrying case
S1-VS100	Spot Vision Screener, SmartCare Support Agreement, 1-Year
S1-VS100-2	Spot Vision Screener, SmartCare Support Agreement, 2-Year
S1-VS100-5	Spot Vision Screener, SmartCare Support Agreement, 5-Year

For more information, contact your local distributor or Baxter sales representative at 1-800-535-6663.

hillrom.com/spotvisionscreener

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References

1. Crescioni, M., Miller, J. M. & Harvey, E. M. (2015). Accuracy of the Spot and Plusoptix photoscreeners for detection of astigmatism. Journal of the American Association for Pediatric Ophthalmology and Strabismus, 19⑥: 435-440
2. Peterseim, M. M. W., Papa, C. E., Wilson, M. E., Davidson, J. D., Shtessel, M., Husain, M., Cheeseman, E. W., Wolf, B. J., & Trivedi, R. (2015). The effectiveness of the Spot vision screener in detecting amblyopia risk factors. Journal of the American Association for Pediatric Ophthalmology and Strabismus, 18⑥: 539-542
3. Modest JR, Majzoub KM, Moore B, Bhambhani V, McLaughlin SR, Vernacchio L. Implementation of instrument-based vision screening for preschool-age children in primary care. Pediatrics. 2017 Jul; 140(1).

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