

EVENT SIGN-IN SHEET

GLAUKOS
TRANSFORMING VISION

EVENT

Event Name (Must agree with name in MedCompli)

HCP BUS MEAL B24

Practice or Venue Name

Date (MM/DD/YY)

GLAUKOS

08/30/24

Practice or Venue Street Address

ONE GLAUKOS WAY

City

State

Zip

ALISO VIEJO

CA 92656

Attendee Name (First name, last name)

Attendee Signature (Required)

DANIEL EBROON

[Signature]

Title (Check one)

☒ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

State

1023050655

CA

Attendee Name (First name, last name)

Attendee Signature (Required)

SHAYNA MANGERS

[Signature]

Title (Check one)

☒ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

State

1699802496

CA

Attendee Name (First name, last name)

Attendee Signature (Required)

STEVEN CORWIN

[Signature]

Title (Check one)

☒ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

State

1720089964

CA

Attendee Name (First name, last name)

Attendee Signature (Required)

ASHISH TOOR

[Signature]

Title (Check one)

☒ Medical Doctor ☒ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

State

1336309681

CA

Attendee Name (First name, last name)

Attendee Signature (Required)

BENICA EYVAZZADEH

[Signature]

Title (Check one)

☐ Medical Doctor ☒ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☐ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

State

1225070600

Attendee Name (First name, last name)

Attendee Signature (Required)

DANA LAACK

[Signature]

Title (Check one)

☐ Medical Doctor ☐ Doctor of Optometry ☐ Physician Assistant ☐ Nurse Practitioner ☐ Certified Registered Nurse Anesthetist ☒ Other (Registered Nurse, Technician, Office Staff)

NPI Number or State License Number (NPI number required for titles in BOLD above)

State

ATTENDEES