REPLY: We thank Drs Biousse and Newman for their thoughtful comments and contribution to the validation of telemedicine in the emergency setting.1,2 The authors reference an excellent study that validates the use of nonmydriatic photography in the emergency setting1 and subsequent work validating the reliability of image interpretation on smartphones.2 We sought to limit the scope of our emergency teleophthalmology review to describe models and programs where live consultation was performed rather than delayed consultations in the civilian setting. In our review, to the best of our knowledge, the only live emergency teleophthalmology program in the United States was at the University of Pittsburgh.3 In the FOTO-ED study,1 ophthalmologists interpreted images within 24 hours of acquisition, more akin to a store-and-forward system, rather than at the time of the patient’s clinical encounter. However, the FOTO-ED study provides crucial validation of nonmydriatic fundus photography in the emergency setting that has guided and laid the foundation for live consultation using nonmydriatic photography. The other articles4,5 the authors cite were not available for review at the time of our publication. We thank the authors for their comments and contribution to the field of teleophthalmology.

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