PADEN EYE CARE CENTER
Setting the standard for innovative eye care since 1986

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(On Stewart Avenue near Riverside/South Pacific Highway)
Fax: (541) 776-9096 · www.PadenEyeCare.com

Philip Y. Paden, MD
Board-Certified:
American Board of Ophthalmology
(with Honors)

Comprehensive, innovative vision care
- State-of-the-art vision exams
- No-stitch, no-patch, no-injection cataract surgery
- Selective laser trabeculoplasty (SLT) for glaucoma
- Laser iridotomy for narrow-angle glaucoma
- Medical treatment of glaucoma
- Laser treatment for macular edema
- Intravitreal injections and nutrition therapy for macular degeneration
- Pterygium surgery

Making your care convenient
- 24/7 emergency care
- Most insurance accepted and billed
- Major credit cards accepted
- Free, handicapped-accessible parking

PATIENT SATISFACTION SURVEY

Our ongoing mission is to continually improve the quality of our service and the quality of your experience. Please help us serve you better by taking a moment to give us your feedback. Feel free to use the "comments" sections to elaborate on your answers. Thank you.

How would you rate your overall service experience with our practice?

____Excellent ____ Good ____ Fair ____ Poor

Comments: _____

How pleased were you with our service during your most recent visit with us?

____Very pleased ____ Pleased ____ Neither pleased nor displeased ____ Displeased

Comments: _____

Please rate the following (scale of 1 to 5, with 5 being best):

Telephone demeanor of staff	___ 1 ___ 2 ___ 3___4 ___5
Convenience of your appointment time	___ 1 ___ 2 ___ 3___4 ___5
Greeting upon arrival	___ 1 ___ 2 ___ 3 ___4 ___5
Helpfulness of our staff	___ 1 ___ 2 ___ 3 ___4 ___5
Sensitivity & attentiveness of doctor	___ 1 ___ 2 ___ 3 ___4 ___5
Explanations provided/questions answered	___ 1 ___ 2 ___ 3___4 ___5

Are you aware that our practice is currently accepting new patients? ____ Yes ____ No

Do you feel positive enough about our practice to refer family or friends? ____ Yes ____ No

Please comment on anything regarding our service that we might do or add to make your future experiences with us even more positive.

_____

_____

_____

Name (optional): _____

THANK YOU FOR YOUR TIME!