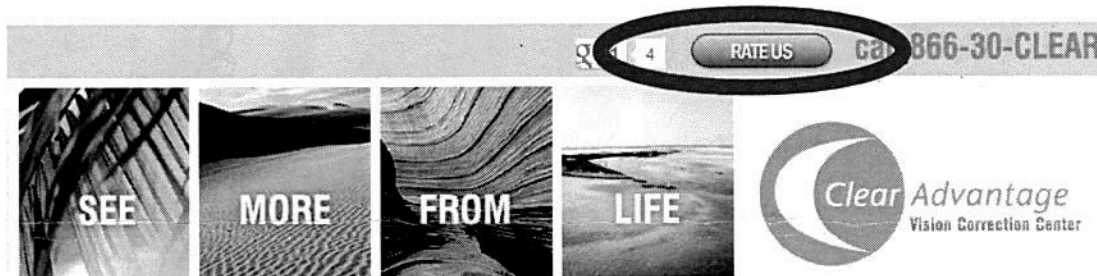


TELL US ABOUT YOUR EXPERIENCE

It is our goal to provide our patients with the best care possible. We know that selecting a practice that instills trust, safety and confidence is a difficult one, especially when it comes to your vision. We are continually striving to EXCEED your expectations and your input is essential in achieving this. Please take a moment to reflect on your experience and help us understand what we did great, and where there may be room for improvement.

There are a couple of ways to review our practice:

- Go to our website: www.ClearAdvantageLaser.com. There is an icon at the top of the page labeled "Rate us". Simply click on the link and you will be able to post your review on line, contact our Center Director, or email us.



- If you prefer a write in method, please feel free to complete this document. A business reply envelope is attached for your convenience.

	5	4	3	2	1
	Excellent		Average		Poor

- If you contacted our practice by phone prior to scheduling your evaluation, how would you rate the following:

▪ Courtesy / friendliness of the person who answered your call	5	4	3	2	1
▪ Explanation of the procedures offered	5	4	3	2	1
▪ Ability to answer your questions	5	4	3	2	1
▪ Availability of appointment times for your evaluation	5	4	3	2	1

 Comments: Everyone I spoke to was so nice and patient!

- If you went to our website (www.ClearAdvantageLaser.com), how would you rate the following:

▪ Overall appearance	5	4	3	2	1
▪ Ability to find answers to your questions	5	4	3	2	1
▪ Clearly written / understandable language	5	4	3	2	1
▪ Overall content	5	4	3	2	1

 Comments: Great information, easy to navigate, testimonials were helpful.

- How would you rate your evaluation (pre-operative exam to determine your candidacy for the procedure)?

▪ Your knowledge of laser vision prior to the appointment	5	4	3	2	1
▪ Friendliness of the front office staff	5	4	3	2	1
▪ Technicians ability to explain the procedures being performed	5	4	3	2	1
▪ Thoroughness of the evaluation	5	4	3	2	1
▪ Ability to make an informed decision on whether to proceed with surgery	5	4	3	2	1

 Comments: Very professional and knowledgeable. Never felt pressured to make decision! Never felt as though I was being given a sales pitch but an opportunity

- How would you rate **the doctor** who performed your **initial exam**?

▪ Expertise / knowledge	5	4	3	2	1
▪ Your comfort level when asking questions	5	4	3	2	1
▪ Ability to explain the procedure to you	5	4	3	2	1
▪ Concerns about surgery adequately addressed	5	4	3	2	1
▪ One on one attention / feeling that you were important to the practice	5	4	3	2	1
▪ Friendly and courteous	5	4	3	2	1

 Comments: So patient with answering all of my questions, I never felt rushed by anyone!

5. On the day of surgery, how would you rate your experience?

- Comfort level going into surgery (5) 4 3 2 1
- Ability of staff to explain post operative instructions (5) 4 3 2 1
- Comfortable asking questions (5) 4 3 2 1
- Attitude / demeanor of the surgeon (5) 4 3 2 1
- One on one attention / feeling you were important to the practice (5) 4 3 2 1
- Comments: I was so nervous when I first arrived but was more comfortable and confident going into surgery. Postop instructions was great! Helped knowing she's had it done.

6. How would you rate your overall experience with the practice?

- Feeling like you were valued as a patient (5) 4 3 2 1
- Efficient and clean office (5) 4 3 2 1
- Friendly and courteous staff (5) 4 3 2 1
- Pricing / Payment options (5) 4 3 2 1
- Comments: I couldn't imagine going anywhere else!

Based on your overall experience, would you recommend Clear Advantage to friends and family? Yes No
 If no, would you help us by explaining? _____

If you have friends or family members who are interested in LASIK, we would be happy to contact them or mail information. We will never call your referrals unless you specifically ask us to do so.

Name: _____
 Address: _____
 City _____ State _____ Zip _____
 Phone: _____
 Contact preference? Phone Information package

Name: _____
 Address: _____
 City _____ State _____ Zip _____
 Phone: _____
 Contact preference? Phone Information package

DON'T TAKE OUR WORD FOR IT...

A referral from our patients is the most powerful message any medical practice can have. As we look ahead at our marketing efforts, we would like the opportunity to share your experience with others, either through our radio and television commercials, or through printed testimonials. In addition, although rare, we have potential patients who wish to speak to other patients, via telephone, about their experience with Clear Advantage. These individuals are usually looking for someone who has a similar prescription, is in a similar age bracket, or had a certain procedure (i.e. Zyoptix customized LASIK versus traditional LASIK). Your phone number would **only** be shared with someone who requests it, and will never be part of our "generic" marketing activities. You will be contacted prior to sharing your phone number with anyone and you will be given the name of who would be contacting you, and why.

Please check all that apply:

<input type="checkbox"/>	No thank you. I am unable to participate.
<input checked="" type="checkbox"/>	I am interested in being recorded / interviewed for radio advertisements.
<input checked="" type="checkbox"/>	I would be willing to be contacted by a potential candidate about my experience with Clear Advantage.
<input checked="" type="checkbox"/>	You may post my experience on the Clear Advantage web site, or quote me in printed advertising efforts.

Name: Sarah Nice Phone: _____

Comments:

Look no further! Clear Advantage is where you want your procedure done! They are so professional, friendly, patient, and knowledgeable. All of my questions and concerns were answered. I never felt rushed or pressured to make a decision! My eyes were originally 20/300 and 20/400 with astigmatism in both eyes. I had bladeless Lasik surgery in July 2015. It went so well and I was comfortable the entire time since Dr. Peters explains every step along the way. One year later my eyes are both 20/15, no more astigmatism! It is amazing!

Sarah M. Nice

Signature

Date of birth

Required as a release if you are to be used in any marketing efforts

I am 32 years old and the only reason I have is not getting Lasik done sooner!