

Patient Satisfaction Survey / Submitted: 4/29/2010

1. Convenience of our office hours	Excellent
2. Ease of making your appointment	Excellent
3. Promptness with which you were seen by the doctor	Excellent
4. Thoroughness of care you received	Excellent
5. Clarity of Doctor's explanations	Excellent
6. Doctor's friendliness and courtesy	Excellent
7. Staff's friendliness and courtesy	Excellent
8. Help with understanding your insurance coverage (if applicable)	Excellent
9. Selection of eyeglass frames	Excellent
10. Knowledge/assistance of optical staff	Excellent
11. Comfort and cleanliness of office	Excellent
12. Overall satisfaction with your visit	Excellent
13. Will you be returning to see us?	Yes
14. Would you recommend us to others?	Yes

How can we improve? Please enter any comments or suggestions below:
It has been a long time since I was this impressed with a visit to a professional's office. I referred one person to your office already. Thank you for everything so far!

What is the Doctor's name (if you saw the doctor) Dr. I

What is your name? (optional - but it would help us to know) Catherine [REDACTED]

Denis T. Iwamoto, O.D.

Office Phone: 858-566-6262

Patient Satisfaction Survey / Submitted: 4/27/2010

- | | |
|--|-----------|
| 1. Convenience of our office hours | Excellent |
| 2. Ease of making your appointment | Excellent |
| 3. Promptness with which you were seen by the doctor | Excellent |
| 4. Thoroughness of care you received | Excellent |
| 5. Clarity of Doctor's explanations | Excellent |
| 6. Doctor's friendliness and courtesy | Excellent |
| 7. Staff's friendliness and courtesy | Excellent |
| 8. Help with understanding your insurance coverage (if applicable) | Excellent |
| 9. Selection of eyeglass frames | Excellent |
| 10. Knowledge/assistance of optical staff | Excellent |
| 11. Comfort and cleanliness of office | Excellent |
| 12. Overall satisfaction with your visit | Excellent |
| 13. Will you be returning to see us? | Yes |
| 14. Would you recommend us to others? | Yes |

How can we improve? Please enter any comments or suggestions below:

What is the Doctor's name (if you saw the doctor) Denis Iwamoto. OD

What is your name? (optional - but it would help us to know) Julie [REDACTED]

Patient Satisfaction Survey / Submitted: 5/18/2010

- | | |
|--|-----------|
| 1. Convenience of our office hours | Excellent |
| 2. Ease of making your appointment | Excellent |
| 3. Promptness with which you were seen by the doctor | Excellent |
| 4. Thoroughness of care you received | Excellent |
| 5. Clarity of Doctor's explanations | Excellent |
| 6. Doctor's friendliness and courtesy | Excellent |
| 7. Staff's friendliness and courtesy | Excellent |
| 8. Help with understanding your insurance coverage (if applicable) | Excellent |
| 9. Selection of eyeglass frames | Excellent |
| 10. Knowledge/assistance of optical staff | Excellent |
| 11. Comfort and cleanliness of office | Excellent |
| 12. Overall satisfaction with your visit | Excellent |
| 13. Will you be returning to see us? | Yes |
| 14. Would you recommend us to others? | Yes |

How can we improve? Please enter any comments or suggestions below:

What is the Doctor's name (if you saw the doctor) Dr. I

What is your name? (optional - but it would help us to know)

Patient Satisfaction Survey / Submitted: 3/31/2010

- | | |
|--|-----------|
| 1. Convenience of our office hours | Good |
| 2. Ease of making your appointment | Excellent |
| 3. Promptness with which you were seen by the doctor | Excellent |
| 4. Thoroughness of care you received | Excellent |
| 5. Clarity of Doctor's explanations | Excellent |
| 6. Doctor's friendliness and courtesy | Excellent |
| 7. Staff's friendliness and courtesy | Excellent |
| 8. Help with understanding your insurance coverage (if applicable) | Excellent |
| 9. Selection of eyeglass frames | Very Good |
| 10. Knowledge/assistance of optical staff | Excellent |
| 11. Comfort and cleanliness of office | Excellent |
| 12. Overall satisfaction with your visit | Excellent |
| 13. Will you be returning to see us? | Yes |
| 14. Would you recommend us to others? | Yes |

How can we improve? Please enter any comments or suggestions below:

What is the Doctor's name (if you saw the doctor)


What is your name? (optional - but it would help us to know)

Patient Satisfaction Survey / Submitted: 12/1/2009

- | | |
|--|-----------|
| 1. Convenience of our office hours | Excellent |
| 2. Ease of making your appointment | Excellent |
| 3. Promptness with which you were seen by the doctor | Excellent |
| 4. Thoroughness of care you received | Excellent |
| 5. Clarity of Doctor's explanations | Excellent |
| 6. Doctor's friendliness and courtesy | Excellent |
| 7. Staff's friendliness and courtesy | Excellent |
| 8. Help with understanding your insurance coverage (if applicable) | Excellent |
| 9. Selection of eyeglass frames | Excellent |
| 10. Knowledge/assistance of optical staff | Excellent |
| 11. Comfort and cleanliness of office | Excellent |
| 12. Overall satisfaction with your visit | Excellent |
| 13. Will you be returning to see us? | Yes |
| 14. Would you recommend us to others? | Yes |

How can we improve? Please enter any comments or suggestions below:

What is the Doctor's name (if you saw the doctor) Dr. Iwamoto

What is your name? (optional - but it would help us to know) Eloise 

Patient Satisfaction Survey / Submitted: 5/29/2010

- | | |
|--|-----------|
| 1. Convenience of our office hours | Excellent |
| 2. Ease of making your appointment | Excellent |
| 3. Promptness with which you were seen by the doctor | Excellent |
| 4. Thoroughness of care you received | Excellent |
| 5. Clarity of Doctor's explanations | Excellent |
| 6. Doctor's friendliness and courtesy | Excellent |
| 7. Staff's friendliness and courtesy | Excellent |
| 8. Help with understanding your insurance coverage (if applicable) | Very Good |
| 9. Selection of eyeglass frames | Excellent |
| 10. Knowledge/assistance of optical staff | Excellent |
| 11. Comfort and cleanliness of office | Excellent |
| 12. Overall satisfaction with your visit | Excellent |
| 13. Will you be returning to see us? | Yes |
| 14. Would you recommend us to others? | Yes |

How can we improve? Please enter any comments or suggestions below:

Was only 1 visit, but I really liked my experience. And REALLY like the doctor :O)I'm glad to have made the right choice in choosing him as my physician.

What is the Doctor's name (if you saw the doctor) Dr. Iwamoto

What is your name? (optional - but it would help us to know) Eileen [REDACTED]

Patient Satisfaction Survey / Submitted: 3/31/2010

- | | |
|--|--------------|
| 1. Convenience of our office hours | Good |
| 2. Ease of making your appointment | Very
Good |
| 3. Promptness with which you were seen by the doctor | Very
Good |
| 4. Thoroughness of care you received | Very
Good |
| 5. Clarity of Doctor's explanations | Very
Good |
| 6. Doctor's friendliness and courtesy | Excellent |
| 7. Staff's friendliness and courtesy | Excellent |
| 8. Help with understanding your insurance coverage (if applicable) | Very
Good |
| 9. Selection of eyeglass frames | Very
Good |
| 10. Knowledge/assistance of optical staff | Very
Good |
| 11. Comfort and cleanliness of office | Very
Good |
| 12. Overall satisfaction with your visit | Very
Good |
| 13. Will you be returning to see us? | Yes |
| 14. Would you recommend us to others? | Yes |

How can we improve? Please enter any comments or suggestions below:

What is the Doctor's name (if you saw the doctor) Dr. Iwamoto

What is your name? (optional - but it would help us to know) Yuji [REDACTED]

Patient Satisfaction Survey / Submitted: 3/25/2010

- | | |
|--|-----------|
| 1. Convenience of our office hours | Excellent |
| 2. Ease of making your appointment | Excellent |
| 3. Promptness with which you were seen by the doctor | Excellent |
| 4. Thoroughness of care you received | Excellent |
| 5. Clarity of Doctor's explanations | Excellent |
| 6. Doctor's friendliness and courtesy | Excellent |
| 7. Staff's friendliness and courtesy | Excellent |
| 8. Help with understanding your insurance coverage (if applicable) | Excellent |
| 9. Selection of eyeglass frames | |
| 10. Knowledge/assistance of optical staff | Excellent |
| 11. Comfort and cleanliness of office | Excellent |
| 12. Overall satisfaction with your visit | Excellent |
| 13. Will you be returning to see us? | Yes |
| 14. Would you recommend us to others? | Yes |

How can we improve? Please enter any comments or suggestions below:
Very pleased and appreciative of the time and care I received!

What is the Doctor's name (if you saw the doctor) Dr. Iwamoto

What is your name? (optional - but it would help us to know) Mary [REDACTED]