

Dear Network Associate,

Thank you for your interest in network care. Further to your request for detailed information, We are pleased to forward this network program package. The package is intended to be retained as a comprehensive reference for care with updates forwarded in a timely manner. We also post the most recent updates to our website under “Network Resources”, a page that is password protected. After reviewing the package, please return the office assessment so that we may better meet your needs and assist you with selecting a username and password for access to the Network Resources in the website (www.demong.com) .

We are confident we can provide a level of surgical expertise, care and service that will meet with your approval. Our surgeon will respond quickly to your concerns and can be interrupted from examinations if you have an emergency. Otherwise, I will be pleased to assist you.

I am available at 403-254-3529 Monday through Friday if you have any questions or concerns as you review our proposal. As your liaison for patient or network concerns, I remain at your service and look forward to hearing from you!

With kind regard,
Fran Maher, R.N.,
Marketing Director
marketing@demong.com

Network Office Assessment

* in clinics where there are several partners/ associates, we request that each practitioner complete a separate assessment

Practitioner:	Ph: ()-
	Fax: ()-
Location:	Email:
	Primary Contact:

Professional Information

Years in Practice: 1 - 5 yrs: 5 - 10 yrs: 10 - 15 yrs: Over 15 yrs:

Do you prescribe T.P.A.'s? N: Y: Year Certified: _____

Have you completed a laser co-management course? N: Y: Year: _____

Please describe your concept of network care:

Do you currently participate in network care? N: Y:

If yes, what features of that program would you like to see incorporated into this arrangement?

Please indicate the 3 most important factors in selecting a surgeon/ centre for your patients:

Do you routinely discuss the option of surgical vision correction in addition to spectacles and contact lenses? N: Y:

What are your fees for refractive laser surgery follow up? _____

What does this include?

What are your fees for lens implant surgery follow up? _____

What does this include?

Scheduling Information

What are your office days and hours?

How many patients do you see in an average day? _____

How many patients do you discuss surgical vision correction with in an average month? _____

How many surgical referrals do you make in an average month?

Cataract: _____ Refractive Laser: _____ Refractive Lens Exchange: _____ Other: _____

Human Resources

Staff names and job titles:

Physical Resources

Number of Refracting Lanes: _____

Please list screening and diagnostic equipment available in your Practice:

Who is qualified to use this
equipment? _____

Please fax completed office assessment to: Demong Associate Eyecentre (403)254-3545
Attn: Marketing Director