ClearVision

Pacific ClearVision Institute
1125 Darlene Lane, Eugene OR 97401
Phone: 541-343-5000 Fax: 541-344-9478

Patient Testimonial Form

First Name: _____ Last Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Date of service: _____

If you have had your eyesight and/or eye condition improved from your experience at ClearVision, please take a moment to share your thoughts in print. We may post this on our website with only the first name and occupation showing on the web to protect your privacy. Thank you for your time and thoughts.