


**Patient and Family Advisor Card – For providers and staff to hand out to potential advisory candidates.**

**Front Side:**

<p><b>We Want to Work With You!</b></p> 	<p><b>Patient and Family Advisors Wanted!</b> Our goal at Oregon Medical Group is to bring the patient and family perspective into everything we do.</p> <p>We are currently seeking individuals that are interested in partnering with us to improve the experience of care at Oregon Medical Group by sharing their ideas, feedback and participation.</p> <p>If you would like more information on how to become a Patient and Family Advisor, please visit our website at <a href="http://www.oregonmedicalgroup.com">www.oregonmedicalgroup.com</a>. Under the <b>Patient Information</b> section, there is a link to <b>Patient and Family Advisors</b>, where you can read more about the program and submit an online interest form.</p> <p>You may also complete the back side of this card and leave it at your clinic with one of our staff, and we will contact you within a week.</p>
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**Back Side:**

<p><b><u>Patient Advisory Council Interest Card</u></b></p>	
<p><b>Name:</b> _____</p>	<p><b>Date:</b> _____</p>
<p><b>Phone#:</b> _____</p>	
<p><b>Email Address (optional):</b> _____</p>	
<p><b>Best time to contact you:</b> _____</p>	
<p><b>Topics of interest/additional information about yourself:</b></p>          	
<p>Please leave completed card with a representative at the front desk.</p>	