



We strive to provide the best care possible for our patients. We encourage you to communicate with us about your treatment, and would greatly appreciate it if you would take a few moments to comment on your experience in our office. Your candid comments will help us maintain the high quality of service to which we are committed.

1. How long have you been our patient?  
 This was my first visit.  
 Less than one year  
 1-5 years  
 Over 5 years
2. When you telephoned our office, was your call handled in a courteous manner?  
 Excellent  Good  Fair  Poor
3. How would you rate our phone response time when you called our office (factors such as busy signals and time on hold)?  
 Excellent  Good  Fair  Poor
4. Please rate your satisfaction with the time in which you were able to get an appointment.  
 Excellent  Good  Fair  Poor

5. Scheduled Patients – How long did you have to wait in the reception area for your appointment?  
 0-10 minutes  10-20 minutes  
 20-30 minutes  30-40 minutes  
 Over 40 minutes
6. ‘Walk-In’ Patients - How long did you have to wait in the reception area?  
 0-10 minutes  10-20 minutes  
 20-30 minutes  30-40 minutes  
 Over 40 minutes
7. How long did you have to wait in the treatment room?  
 0-10 minutes  10-20 minutes  
 20-30 minutes  30-40 minutes  
 Over 40 minutes
8. Was our office clean and comfortable?  
 Excellent  Good  Fair  Poor
9. Did your practitioner spend enough time with you and answer all of your questions to your satisfaction?  
 Excellent  Good  Fair  Poor
10. Were you given sufficient information on how to use, clean, and care for your device?  
 Excellent  Good  Fair  Poor
11. Was your device delivered in a timely manner?  
 Excellent  Good  Fair  Poor

12. Were you satisfied with the overall fit, quality and comfort of your device?  
 Excellent  Good  Fair  Poor
13. Were you given a follow-up appointment when your device was delivered?  
 Yes  No  Not applicable
14. Did our authorization & billing departments provide you with information regarding your benefits and discuss payment arrangements with you?  
 Excellent  Good  Fair  Poor  
 Not applicable
15. Are billing questions handled to your satisfaction?  
 Excellent  Good  Fair  Poor  
 Not applicable
16. Would you recommend our office to your friends and family?  
 Yes  No

*Please write any additional comments on the reverse side. We value your feedback!*

Thank you for taking the time to complete our survey. Please leave the survey in the designated box, with the receptionist, or drop it in the mail - just place a stamp in the upper-right hand corner of this folded brochure.

