



Dear Patient:

Thank you for taking the time to complete this survey. When completed, simply hand this form to the practitioner or receptionist. We hope that we have met or exceeded your expectations. Please call our office if we can provide additional assistance to you. We rely on your feedback to help us improve our services. Your input is greatly appreciated.

1. How would you rate the convenience and availability of appointments along with the time it took to be scheduled?

- Excellent 5
- Above Average 4
- Average 3
- Below Average 2
- Poor 1

2. How would you rate our staff's communication with informing you of any expense that you may be liable for should your insurance company deny or reduce payment for services rendered to you?

- Excellent 5
- Above Average 4
- Average 3
- Below Average 2
- Poor 1

3. How would you rate the knowledge, care, and attention that our Practitioner provided to you during your visit?

- Excellent 5
- Above Average 4
- Average 3
- Below Average 2
- Poor 1

4. Overall, How would you rate your satisfaction with your new device/product?

- Excellent 5
- Above Average 4
- Average 3
- Below Average 2
- Poor 1

5. How would you rate the verbal and/or written instructions on the use and care of your new device?

- Excellent 5
- Above Average 4
- Average 3
- Below Average 2
- Poor 1

6. How would you rate your satisfaction with the overall experience you encountered by our Practitioner and staff during your visit?

- Excellent 5
- Above Average 4
- Average 3
- Below Average 2
- Poor 1

7. Would you refer us to family or friends if they were in need of our services?

- Yes
- No

8. What type of device did you receive? _____

9. Which practitioner provided your device: _____

Please share any additional comments:

(Optional) Patient Name: _____ **Date:** _____