



### Patient Survey

In an effort to improve services to our patients, we continuously ask for feedback about our services. All responses are anonymous. You are not required to supply your name, unless you want us to contact you. Thank you for taking time to give us your opinion.

My zip code \_\_\_\_\_  
 Procedure done \_\_\_\_\_ Physician \_\_\_\_\_ Month \_\_\_\_\_

*Please mark you feeling about the following statements:*

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
When I arrived at the office the Receptionist was pleasant.					
The Procedure Room staff was Courteous and friendly.					
My insurance option were explained Clearly.					
My procedure was scheduled in a reasonable time.					
My pre-procedure instructions were clear and easy to understand.					
I received my instructions with appt information prior to my procedure.					
Dr. _____ clearly explained the procedure, including risks and complications.					
Dr. _____ was receptive my questions.					
All my questions were answered to my satisfaction.					
Dr. _____ was good listener.					
My procedure was done at the scheduled time.					
The pre-procedure video and information help me to make a decision about my procedure.					

How did you hear about our office? Billboard Radio Commercial Newspaper  
 Other \_\_\_\_\_

How could we have made your experience better? *(Please write comments on back)*