

Patient Comments

So we may continually provide you with the best service, please let us know how we're doing.



Date of Visit: _____

Type of appointment (circle one) appointment / walk-in / other

Name (optional): _____

FIRST IMPRESSIONS...

Convenience of appointment time

Scheduling of appointment

Location and directions

Greeting on arrival

The cleanliness of the facility

Wait time before you were seen

	Excellent	Very Good	Meets Expectations	Fair	Poor
Convenience of appointment time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling of appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location and directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeting on arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cleanliness of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait time before you were seen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHILE YOU WERE HERE...

Explanation about the exam/test/procedure?

If you have a disability, did we accommodate your needs?

Were you made as comfortable as possible for your exam?

The overall care/service you received today?

Explanation about the exam/test/procedure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you have a disability, did we accommodate your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you made as comfortable as possible for your exam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall care/service you received today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Thank you for taking the time to complete this survey!

U.S
Postage



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