

PATIENT FEEDBACK FORM

Please provide us with feedback about your experience in our office by rating the following questions with a 1 (exceeded your expectations), 2 (met your expectations) or 3 (below your expectations).

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| Staff was friendly and courteous on the phone: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Appointment was scheduled within a reasonable amount of time: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Upon arrival at the office you were greeted in a friendly manner: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| The office was clean and comfortable: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| The staff looked professional in appearance: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| The staff was professional and caring: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| The staff was sensitive to your needs both before and after surgery: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Fees and financial arrangements were clearly explained: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Dr. Bell & surgical team worked well together: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Dr. Bell was professional and caring: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| The patient was comfortable during the procedure: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Postoperative instructions were clearly explained before leaving office: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| You were seen close to your appointed time: | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| How would you rate our overall performance? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Please tell us more about you:

You came to our office as: patient parent of the patient

What was the date and time of your office visit? type the date and time of appointment

Would you recommend our office to your friends and family?

Definitely Probably Definitely Probably Not Definitely Not

Was there anything we could have done to improve your experience in our office?

Did any one individual provide you with excellent service?

What did you like best about your experience in our office?