



415.861.4146

Patient Satisfaction Survey

Patients Name (Optional): _____

Date of Appointment: _____

Name of Practitioner/ Fitter: _____

Type of Device worn: _____

Your opinion counts! Please help us improve our business by filling out this short survey. All of this information is kept completely confidential. Please use the following scale when filling out this form.

1= Very Dissatisfied 2 = Dissatisfied 3 = Satisfied 4 = Very Satisfied

- 1.) The person I spoke with to set up appointment was friendly? 1 2 3 4
- 2.) The amount of time you waited to see your practitioner? 1 2 3 4
- 3.) The friendliness and professionalism of your practitioner? 1 2 3 4
- 4.) The waiting and treatment areas were clean and well maintained? 1 2 3 4
- 5.) Satisfaction with the overall quality, of the device you received? 1 2 3 4
- 6.) Satisfaction with the overall appearance, of the device you received? 1 2 3 4
- 7.) The front staff was kind, considerate, and helpful with any questions or concerns I might have? 1 2 3 4
- 8.) I received specific answers I might have regarding the instructions and proper care of the product(s) I received? 1 2 3 4
- 9.) The overall satisfaction with our company. 1 2 3 4

10.) Please provide any other comments or thoughts which will help us serve you better:

Signature (Optional) _____

Date: _____

If you have any comments or concerns, feel free to contact us at (415)861-4146.