

Brownfield's

Patient Satisfaction Survey We Appreciate Your Business!

Practitioner's Name _____

How satisfied were you in the following areas? Please check appropriate line

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
The Practitioner				
1. The amount of time you waited to see your practitioner.	_____	_____	_____	_____
2. The friendliness and professionalism of your practitioner.	_____	_____	_____	_____
3. The amount of time your practitioner spent with you.	_____	_____	_____	_____
The Orthosis/Prosthesis				
4. Satisfaction with the overall quality, fit and comfort of your device?	_____	_____	_____	_____
5. The completion of your device in a timely manner?	_____	_____	_____	_____
6. The quality of information you were given on how to use, clean and care for your device?	_____	_____	_____	_____
Our Staff				
7. Were you able to schedule a convenient appointment?	_____	_____	_____	_____
8. The friendliness and professionalism of our office staff.	_____	_____	_____	_____
9. The explanation of our billing and payment policies.	_____	_____	_____	_____
General				
10. The appearance and cleanliness of our waiting area and patient/fitting room.	_____	_____	_____	_____
11. Your overall satisfaction with our company.	_____	_____	_____	_____

Comments _____

If you answered dissatisfied or very dissatisfied on any question, please explain how we can improve in these areas _____

Service received _____ Signature (Optional) _____ Date of delivery _____

Would you like our staff to contact you to set another appointment? Yes _____ No _____

If **yes**, please print name and phone number _____

How did you find us? Doctor referral _____ Phonebook _____ Web page _____ Other _____

Thank You For Your Help!