



Patient Satisfaction Survey

- 1. Was your appointment scheduled in a timely manner? Yes No
- 2. Were appointment times available and convenient for you? Yes No
- 3. Were you greeted in a prompt and courteous manner? Yes No
- 4. Was the office temperature comfortable for you? Yes No
- 5. Was the office clean and organized? Yes No
- 6. Were you seen within 15 minutes of your appointment time? Yes No

7. How would you rate your experience?
 Poor Fair Average Moderate Great

8. How would you rate the instructions given regarding your device?
 Poor Fair Average Moderate Great

9. How would you rate the fit and function of your device at time of delivery?
 Poor Fair Average Moderate Great

10. How would you rate your follow up care (if applicable)?
 Poor Fair Average Moderate Great

Comments: _____

Signature (optional): _____

Date: _____