

DR:	2226	2228	2230	Appt. Type:	RP
	2231	2233	2234		NP NNP



Patient Satisfaction Survey

To our patients:

Please take a few minutes to complete this satisfaction of care survey to help us improve your appointment experience. Your satisfaction is important to us and your survey feedback will help us make your future visits as pleasant as possible.

Your Name (optional): _____

Please rate your satisfaction with the following by circling your response:

	Extremely Dissatisfied	Very Dissatisfied	Satisfied	Very Satisfied	Extremely Satisfied
1. Ease of checking-in with front office staff?	1	2	3	4	5
2. Response time from staff when a message was left by telephone?	1	2	3	4	5
3. Amount of time spent in the waiting room?	1	2	3	4	5
4. How comfortable the tech staff made you feel during your eye test?	1	2	3	4	5
5. Friendliness of doctor's tech that assisted during exam?	1	2	3	4	5
6. The way your doctor communicated with you?	1	2	3	4	5
7. The way your doctor answered your questions?	1	2	3	4	5
8. Your overall experience with your doctor?	1	2	3	4	5
9. Ease of checking-out and scheduling your next visit?	1	2	3	4	5
10. Your overall satisfaction with your visit?	1	2	3	4	5

Comments:

Thank you for your time and for trusting your eye health to the Eye Institute at Medical Center Clinic!