We hope that you had a pleasant experience in our facility today. We would greatly appreciate it if you would take a moment to share your impressions of our practice before you leave today.

If you would like to fill this sheet out later & mail it back to us, ask at the front desk and we will supply you with a stamped envelope.

We are always striving to provide you outstanding service and your feedback helps us do that.

<table>
<thead>
<tr>
<th>DATE (MM/DD/YY):</th>
<th>Provider(s) Seen:</th>
<th>Other Staff members who assisted you today:</th>
</tr>
</thead>
</table>

- **A- Exceeds your expectations**
- **B - Meets your expectations**
- **C - Needs improvement**

1. Your overall experience in our office today
2. Flexibility in arranging appointments
3. Handling of your phone calls and scheduling your visit
4. Explanation of diagnoses, treatment &/or procedures
5. Explanation of Follow up Plan was clear
6. Courteousness and concern of Receptionists
7. Courteousness and concern of Medical Assistant
8. Courteousness and concern of your Provider
9. Professionalism of Medical Assistant
10. Professionalism of Provider
11. The quality of the services we provide
12. The value of the services we provide
13. If you paid a Fee today:
   - A. Courteousness & Professionalism of Collection
   - B. Explanation of Fee was clear
14. Would you recommend our office? Yes No

15. We would appreciate any other comments you may have about your experience in our office today. Please share them here:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________  

Thank you for your input!
Please return this comment sheet to the box in the waiting room.
Please fill out this short survey about your experience today!