



Patient Satisfaction Survey

1. Approximately how long did you have to wait in the reception area?

in minutes: 0 5 10 15 30 other _____

2. How satisfied are you with the office hours/days?

Very Somewhat Somewhat not Not at all

If you are not satisfied with the office hours, what hours/days would be more convenient?

3. How knowledgeable was the practitioner regarding your orthotic/prosthetic device?

Very Somewhat Somewhat not Not at all

4. How patient and caring do you find the staff to be?

Very Somewhat Somewhat not Not at all

5. How patient and caring do you find the practitioner to be?

Very Somewhat Somewhat not Not at all

6. How satisfied are you with the amount of time the practitioner spent with you explaining your condition and the use of the orthotic/prosthetic appliance?

Very Somewhat Somewhat not Not at all

7. Did the practitioner address all your questions and concerns?

Very Somewhat Somewhat not Not at all

8. Would you recommend TONY MARTIN LIMB AND BRACE to others?

Yes No

Comments

Name (optional) _____

Thank you for your cooperation! Please return in provided envelope as soon as possible.