



Customer Satisfaction Survey

The staff at Audubon Orthotic and Prosthetic Services strives to provide the highest quality of care. To better serve you, we would like to know how you feel about our services. We appreciate your time in taking a few minutes to complete this form. It is our responsibility to keep the results of this survey on file for your insurance company. This survey is confidential and personal identification is not required. We ask that you complete this survey after your office visit.

What was the purpose of your visit to our facility? _____

Please respond by checking the appropriate box to the right of each section. N/A = Not Applicable.

Our Facility: (Waiting Room & Exam Rooms)

	Yes	No	N/A
I had a scheduled appointment.			
The reception area was neat and welcoming.			
The patient forms were easy to understand.			
A practitioner saw me within 20 minutes of my scheduled appointment.			
The examination room was neat and clean.			
I feel the end of my appointment was handled in a cordial and professional manner.			

Clinical Staff: (Practitioner)

	Yes	No	N/A
The clinical staff greeted me in a friendly and caring manner.			
The clinical staff listened to my medical concerns.			
The clinical staff returned my calls within 24 hours.			
The clinical staff was knowledgeable about my condition and treatment.			
The clinical staff was courteous and expressed concern about my medical needs.			
The clinical staff answered my questions and concerns.			
The clinical staff instructed me on the use of the device(s) I received.			

Administration Staff: (Front Office & Billing)

	Yes	No	N/A
I was registered at the front desk within five minutes of my arrival.			
The administration staff greeted me in a friendly and professional manner.			
The administration staff is courteous and friendly on the phone.			
The administration staff returned my calls within 24 hours.			
The administration staff explained my financial responsibility clearly.			
I was satisfied with the service I received regarding my insurance or billing questions.			

Your Overall Satisfaction:

	Yes	No	N/A
My visit was a pleasant experience.			
I am satisfied with the service I was provided.			

Thank you for taking time to complete this survey. Your comments are welcomed.

Your name: _____ (optional)