

***We appreciate your comments and suggestions.
Please use this comment care so that we may serve you
better in the future. Thank you for your assistance!***

Please rate your satisfaction with 1 being the least satisfied and 10 being the most satisfied:

Your overall experience 1 2 3 4 5 6 7 8 9 10

The quality of your patient/doctor experience 1 2 3 4 5 6 7 8 9 10

The courtesy and professionalism of our staff 1 2 3 4 5 6 7 8 9 10

The cleanliness of our office 1 2 3 4 5 6 7 8 9 10

The quality of the office environment 1 2 3 4 5 6 7 8 9 10

Timeliness of beginning and completion
of treatment 1 2 3 4 5 6 7 8 9 10

Quality and availability of parking 1 2 3 4 5 6 7 8 9 10

Adequacy of problem resolution
(Answer only if you had a problem) 1 2 3 4 5 6 7 8 9 10

Exceptional Employees:

Additional Comments:

Name: _____ Address: _____

Telephone: _____ Email: _____