



Patient Satisfaction Survey – How are we doing? Please let us know.

Please rank the following on a scale of 1 to 5. (1 poor; 2 fair; 3 good; 4 very good; and 5 excellent)

Location/Access

Convenient location/parking	1	2	3	4	5
Upon initial telephone contact, I was able to speak to someone directly	1	2	3	4	5
I received a timely response to my telephone and/or website inquiry	1	2	3	4	5

Check-In/Check-Out

I was greeted in a timely and friendly manner	1	2	3	4	5
I was treated professionally and with respect by the front desk staff	1	2	3	4	5
The front desk staff was helpful concerning insurance issues	1	2	3	4	5
My appointments were scheduled in a timely and accommodating manner	1	2	3	4	5

Staff Name (optional): _____

Comments/Suggestions: _____

Clinical Care

I was welcomed into the exam room in a warm and friendly manner	1	2	3	4	5
I was treated professionally and with respect by the Medical Assistant	1	2	3	4	5
The physician addressed all of my concerns and answered all of my questions	1	2	3	4	5
I had a full understanding of my diagnosis and treatment plan	1	2	3	4	5
I would recommend Excel Orthopedics to family and friends	1	2	3	4	5

Medical Assistant's Name (optional): _____

Physician's Name (optional): _____

Comments/Suggestions: _____

Would you like to be contacted by someone in our office for further discussion? Yes No

Name & Phone (optional): _____

Please mail this survey back to us. Thank you for providing us with this valuable feedback.