

ORTHOPEDIC ASSOCIATES, PA

2300 E 30TH ST
BLDG D STE 101
FARMINGTON, NM 87401

PATIENT SATISFACTION SURVEY

- | | EXCELLENT | | FAIR | | POOR |
|---|-----------|---|------|---|------|
| 1. PLEASE RATE THE QUALITY OF YOUR INTERACTION WITH THE ORTHOPEDIC ASSOICATES STAFF: | | | | | |
| A. PRIOR TO YOUR APPOINTMENT: | | | | | |
| RECEPTIONIST SCHEDULER / | 5 | 4 | 3 | 2 | 1 |
| PHONE REGISTRATION | 5 | 4 | 3 | 2 | 1 |
| B. AT YOUR APPOINTMENT: | | | | | |
| FRONT DESK PERSONNEL | 5 | 4 | 3 | 2 | 1 |
| NURSING / CAST PERSONNEL | 5 | 4 | 3 | 2 | 1 |
| X-RAY / MRI PERSONNEL | 5 | 4 | 3 | 2 | 1 |
| PHYSICIAN OR PHYSICIANS ASST. | 5 | 4 | 3 | 2 | 1 |
| 2. DID YOUR SCHEDULED APPOINTMENT MEET YOUR EXPECTATIONS | 5 | 4 | 3 | 2 | 1 |
| COMMENTS: _____ | | | | | |
| 3. PLEASE RATE THE QUALITY OF INFORMATION AND EDUCATION YOUR RECEIVED FROM THE ORTHOPEDIC STAFF REGARDING YOUR PROBLEM. | 5 | 4 | 3 | 2 | 1 |
| 4. HOW WELL DID THE STAFF PROTECT YOUR DIGNITY AND PRIVACY? DID THEY ENSURE YOUR COMFORT? | 5 | 4 | 3 | 2 | 1 |
| 5. PLEASE INDICATE YOUR LEVEL OF CONFIDENCE IN THE CARE PROVIDED YOU BY THE ORTHO STAFF | 5 | 4 | 3 | 2 | 1 |
| 6. PLEASE RATE THE CLEANLINESS AND APPEARANCE OF THE ORTHO OFFICE? | 5 | 4 | 3 | 2 | 1 |
| 7. PLEASE RATE THE PROFESSIONALISM OF THE STAFF. | 5 | 4 | 3 | 2 | 1 |
| 8. HOW WOULD YOU DESCRIBE YOUR OVERALL EXPERIENCE AT ORTHOPEDIC ASSOCIATES? | 5 | 4 | 3 | 2 | 1 |
| 9. WHAT DID YOU LIKE BEST ABOUT YOUR EXPERIENCE? _____ | | | | | |
| 10. DO YOU HAVE ANY OTHER COMMENTS OR SUGGESTIONS? | | | | | |
| _____ | | | | | |
| _____ | | | | | |

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY. PLEASE LEAVE IT AT THE FRONT DESK OR Email it to webmaster@oa-pa.com. WE ARE TRYING TO DO EVERYTHING POSSIBLE TO MAKE YOUR VISITS WITH US AS EFFICIENT AS POSSIBLE.