



## Patient Satisfaction Survey

1. Were you treated in a friendly and polite manner by our staff?
  - a. YES
  - b. NO
  - c. If No, please explain: \_\_\_\_\_
  
2. Did staff inform you of your financial responsibility?
  - a. YES
  - b. NO
  - c. If No, please explain: \_\_\_\_\_
  
3. Do you feel that the practitioner was professional, well-trained, and helpful during your visit?
  - a. YES
  - b. NO
  - c. If No, please explain: \_\_\_\_\_
  
4. Was your device received within the time frame promised?
  - a. YES
  - b. NO
  - c. If No, please explain: \_\_\_\_\_
  
5. Which office location were you seen?
  - a. Bristol
  - b. Johnson City
  - c. Greeneville
  - d. Kingsport
  
6. Please rate your overall experience:
  - a. 5- Excellent Experience
  - b. 4- Very Good Experience
  - c. 3- Good Experience
  - d. 2- Fair Experience
  - e. 1- Poor Experience

Please explain: \_\_\_\_\_

