

Advanced Orthopedic Designs - Patient Survey

Dear, Patient,

In order to stand behind our Quality Assurance & Integrity Program, we are asking all patients who receive services from our practice to complete this survey. Our Quality Assurance & Integrity Team reviews and evaluates each and every survey on a daily basis so we will know whether to enhance a particular area of our practice to serve our patients better. We strive for "Excellence" and hope you have experienced that during your office visit. Thank you for taking the time to complete this survey. When completed, simply return this form to the Receptionist on your way out. We hope that we have met or exceeded your expectations. Please call our office if we can provide additional assistance to you.

Practitioner: Kevin Matthews, CO/LO Imelda Pena, CPO/LPO Reggie Garza, CPO/LPO

1. What type of device did you receive?

AFO SMO FO KAFO WHO TLSO _____

2. How would you rate the convenience and availability of appointments and the time it took to be scheduled?

Excellent Above Average Average Below Average Poor

3. Did our staff inform you of any expense that you may be liable for, should your insurance company deny or reduce payment for services rendered to you?

Yes No Comments: _____

4. How would you rate the knowledge, care and attention that our Practitioner provided to you during your visit?

Excellent Above Average Average Below Average Poor

5. Overall, how would you rate your new device and does it meet your satisfaction?

Excellent Above Average Average Below Average Poor

6. Were you given verbal and/ or written instructions on the use and care of your new device?

Yes No Comments: _____

7. Were you satisfied with the overall experience you encountered by our Practitioner and staff during your visit?

Yes No Comments: _____

8. Would you refer us to family and friends if they were in need of Orthotics?

Yes No Comments: _____

Additional Comments / Suggestions: _____

Patient Name: _____ **Date:** _____

(PRINT NAME)