

O & P IN MOTION, INC.

18913 Sherman Way, Reseda CA, 91335

Tel (818)881-1785 Fax (818)881-7854

PATIENT SATISFACTION SURVEY

Name (optional): _____ **Type of Service:** _____

1.) Approximately how long ago was your last visit? _____

2.) Approximately how long did you have to wait in the reception area?

In minutes: 0 5 10 15 30 other _____

3.) How satisfied are you with the office hours/days?

Very Somewhat Somewhat not Not at all

If you were not satisfied with the office hours, what hours/days would be more convenient?

4.) How well do payment/billing policies meet your needs?

Very Somewhat Somewhat not Not at all

5.) How patient and caring do you find the staff to be?

Very Somewhat Somewhat not Not at all

6.) How patient and caring do you find the practitioner to be?

Very Somewhat Somewhat not Not at all

7.) How well did the practitioner explain on how to use the product/device?

Very Somewhat Somewhat not Not at all

8.) How satisfied are you with the appliance/product?

Very Somewhat Somewhat not Not at all

9.) Would you recommend O & P In Motion, Inc. to others?

Yes No

10.) What is your gender?

Female Male

Comments: _____

☺ *Thank you for your cooperation! Please return in envelope provided as soon as possible. 5700*