



Thank you for visiting Victorious Images. As the founder and owner of Victorious Images I value your feedback. To make sure we are serving you, our clients, in the way that best fits your needs I would appreciate your in put by completing this survey and returning it to us. This will assure your future experiences with us remain positive ones.

Date of your purchase: \_\_\_\_\_ Items Received: \_\_\_\_\_

1 = POOR 5 = GREAT

- |   | N/A                      | 1                        | 2                        | 3                        | 4                        | 5                        |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| If you called before your visit today were we pleasant on the phone?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were we able to schedule a convenient appointment time for you?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you feel you were treated in a friendly and courteous manner by us when you came in?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were we considerate of your personal comfort and well-being?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did your fitter treat you with sensitivity and true concern?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did we explain the function, care, use, precautions, and maintenance of your purchases?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did we explain billing policies (including Medicare) and your financial obligations, if any?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the fitting room acceptable by its appearance, cleanliness, and temperature?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were the items and their warranties explained to you?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you had questions, problems, or concerns about anything were they addressed completely?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have input towards your goals and expected outcomes <u>AND</u> were they achieved?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you happy with the range of items from which to choose?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will you return to Victorious Images for your next fitting and/or recommend us to someone else? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

If you have any unanswered questions relating to the purpose and/or function of your items, their proper use and care, precautions of use, warranty information, or wish to report any issues or changes in your physical condition, or wish to contact me for any reason, call me at 757.476.7335 or contact me via email at: NancyLewis@mastectomy.care

Thank you again for coming to Victorious Images and I appreciate your input. I look forward to seeing you for future fittings.

God bless you,

*Nancy P. Lewis, CFM*

You may return this survey by fax to 757.598.2363, email to NancyLewis@victoriousimages.com or mail to: Victorious Images PO Box 638, Norge, VA. 23127-0638