

Please circle one

8. Please rate our practice in terms of :

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	
• The person who answered your call <i>Name if Known:</i> _____	5	4	3	2	1	N/A
• How you were treated when you arrived at the reception desk <i>Name if Known:</i> _____	5	4	3	2	1	N/A
• The nurse/assistant <i>Name if Known:</i> _____	5	4	3	2	1	N/A
• The amount of time the doctor spent with you	5	4	3	2	1	N/A
• The comfort of the waiting room	5	4	3	2	1	N/A
• Your ability to contact us after hours	5	4	3	2	1	N/A
• Your check-out experience	5	4	3	2	1	N/A
• The provider's interest in your problem	5	4	3	2	1	N/A
• The provider's explanation of your illness and treatment	5	4	3	2	1	N/A
• The helpfulness of the individual helping with billing and/or insurance <i>Name of Billing Rep if Known:</i> _____	5	4	3	2	1	N/A
• The satisfaction of the medical treatment you received	5	4	3	2	1	N/A
• The ease of use of the automated telephone system	5	4	3	2	1	N/A
• Your experience with any x-ray or MRI procedures <i>Name of X-Ray Tech if Known:</i> _____	5	4	3	2	1	N/A
• The patient education material provided	5	4	3	2	1	N/A
• The explanation of your options, cost, fitting of Durable Medical Equipment (such as braces or slings) provided	5	4	3	2	1	N/A
• Notification from staff if the physician was running behind	5	4	3	2	1	N/A
• Test results reported in a reasonable amount of time	5	4	3	2	1	N/A
• Adequate assistance in completion of any needed forms	5	4	3	2	1	N/A
• What is your overall rating of our practice?	5	4	3	2	1	

9. Which hospital do you prefer? Community Medical Center St. Patrick Hospital Other _____

Name (optional): _____ Telephone Number (optional): _____

Feel free to contact me for permission to use my patient survey as a testimonial

Why did you select MBJ for your orthopedic care? _____

What did you like best about your visit today? _____

What did you like least? How can we improve? _____

Additional Comments _____