

Office Survey

SEND TO ---- Attn: Office Manager

Address – 404 NW Hall of Fame Drive, Lake City, FL 32055

Fax – (386) 754 3657

To help us serve you better, please complete this assessment of our office. Returning it in the sealed envelope will help assure your anonymity.

Key: 1 = poor; 2 = satisfactory; 3 = good; 4 = excellent

Were you able to get an appointment promptly?	1	2	3	4
Was adequate parking available?	1	2	3	4
Was our staff courteous?	1	2	3	4
Was our office neat and clean?	1	2	3	4
How would you rate our magazine selection?	1	2	3	4
How do you like our office decor?	1	2	3	4
Were you seen on time?	1	2	3	4
If we were late, was an explanation given?	1	2	3	4
Were you comfortable during your treatment?	1	2	3	4
Did we answer your questions clearly?	1	2	3	4
Did you understand why particular care was recommended?	1	2	3	4
Did you feel that enough time was spent by us to meet your needs?	1	2	3	4
Have you been informed promptly about lab results?	1	2	3	4
How well are we responding to your needs?	1	2	3	4
Would you recommend us to your family and friends?	1	2	3	4

As a patient of Dr. _____ I would like to tell him/her

Additional suggestions that might help us serve you better would be appreciated.

Who did you see today -- Minesh Patel, MD Kathy Newman, ARNP Heather Jennings, PA

Thank you for your cooperation and help!

If you would like a response, please enter your name and phone number below.
