



American Limb & Orthopedic Company of Valparaiso

American Limb & Orthopedic Co. of Valparaiso

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****PLEASE COMPLETE AND RETURN TO FRONT DESK AFTER APPOINTMENT****

PATIENT SATISFACTION SURVEY

- | | | |
|---|-----|----|
| 1. Were you able to obtain a convenient appointment? | YES | NO |
| 2. Was our office staff courteous and friendly? | YES | NO |
| 3. Did you see your practitioner within 15 minutes? | YES | NO |
| 4. Was our office and patient room clean and comfortable? | YES | NO |
| 5. Did your practitioner spend enough time with you and answer all your questions to your satisfaction? | YES | NO |
| 6. Were you given sufficient information on how to use, clean and care for your device? | YES | NO |
| 7. Was your device delivered in a timely manner? | YES | NO |
| 8. Were you satisfied with the overall fit, quality, and comfort of your device? | YES | NO |
| 9. Were you informed about what to do if you have any problems with your device? | YES | NO |
| 10. Were our billing and payment policies discussed during your visit? | YES | NO |
| 11. Would you refer a friend or family member to us? | YES | NO |

Please provide any other comments or thoughts which will help us serve you better:

Signed (optional) _____ Date: _____

THANK YOU!

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