PATIENT SATISFACTION SURVEY

Please Circle your answer to these questions using the following scale
4-VERY SATISFIED; 3-SATISFIED; 2-AVERAGE; 1-NEEDS IMPROVEMENT
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OUR FACILITY

*How satisfied were you with our waiting room?	4	3	2	1
*How satisfied were you with our exam rooms?	4	3	2	1

OFFICE PERSONNEL

*How satisfied were you with the friendliness of the staff?	4	3	2	1
*How satisfied were you with the knowledge of the staff?	4	3	2	1

PROVIDER OF SERVICE

*How satisfied were you with the overall opinion of your provider?	4	3	2	1
*How satisfied were you with your treatment given?	4	3	2	1

OFFICE EFFICIENCIES

*How satisfied were you with the timeliness of your appointment?	4	3	2	1
*How satisfied were you with telephone encounters from our staff?	4	3	2	1
*How satisfied were you with your overall experience with Wolff Orthopedics & Sports Medicine, P.A.	4	3	2	1

Thank you for taking time to help us improve our service to you.
Please share any comments you may have with us:

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