

# Orthopedic Appliance Company, Inc.

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## “Patient Satisfaction Survey”

Patient Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Technician: \_\_\_\_\_ Date In Office: \_\_\_\_\_

**PLEASE RATE US ON A SCALE OF 1 to 5 [ 1 – POOR ... 5 – EXCELLENT ].  
CIRCLE THE NUMBER YOU FEEL IS MOST APPROPRIATE.**

- |     |  |     |   |   |   |    |
|-----|--|-----|---|---|---|----|
| 1.  | My appointment was scheduled in a reasonable amount of time. The person with whom I spoke was courteous and helpful.     | 1   | 2 | 3 | 4 | 5  |
| 2.  | The office staff treated me in a courteous and professional manner upon my arrival.                                      | 1   | 2 | 3 | 4 | 5  |
| 3.  | I was given all of the information needed for my insurance claim.  | 1   | 2 | 3 | 4 | 5  |
| 4.  | I was seen within <b>15 minutes</b> of my appointment and if not, the reason for the delay was explained to me.          | 1   | 2 | 3 | 4 | 5  |
| 5.  | The services provided to me were delivered in a reasonable amount of time.   | 1   | 2 | 3 | 4 | 5  |
| 6.  | Considering its limitations, I found the “fit and function” of my <i>orthosis/prosthesis</i> <b>satisfactory</b> .       | 1   | 2 | 3 | 4 | 5  |
| 7.  | I found my <i>orthosis/prosthesis</i> to be adequate for my needs.   | 1   | 2 | 3 | 4 | 5  |
| 8.  | The appearance and workmanship of my <i>orthosis/prosthesis</i> is <b>satisfactory</b> .                                 | 1   | 2 | 3 | 4 | 5  |
| 9.  | The <i>Orthotist/Prosthetist</i> who provided my services was knowledgeable and skillful.                                | 1   | 2 | 3 | 4 | 5  |
| 10. | Overall, I was <b>satisfied</b> with the treatment I received from <i>Orthopedic Appliance Company, Inc.</i>             | 1   | 2 | 3 | 4 | 5  |
| 11. | I received specific recommendations <i>and/or</i> instructions on proper care and use of my <i>orthosis/prosthesis</i> . | Yes |   |   |   | No |
| 12. | I <b>would</b> recommend <i>Orthopedic Appliance Company, Inc.</i> to others requiring such services.                    | Yes |   |   |   | No |

\*\*\* PLEASE USE OTHER SIDE FOR ADDITIONAL COMMENTS \*\*\*