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PATIENT SURVEY FORM

Patient's Name: _____

Email Address: _____

Appointment Date: _____ / _____ / _____ (month/day/year)

How would you rate your overall visit?

Excellent Good Average Poor

Was your financial situation explained to you?

Yes No I already understood my financial situation

Did you to wait past your appointment time? If so how long?

0-5 minutes 5-10 minutes over 10 minutes

Did the staff treat you in a friendly manner?

Yes No

Would you refer your friends and family?

Yes No Maybe Not sure

Please comment on how we could make your visit better!

Please mail your survey to us at:

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