

J.C. ORTHOPEDICS, INC.
PATIENT SATISFACTION SURVEY

Date: _____

Patient's Name: _____

Name of person completing survey: _____

Telephone Number: _____ Email: _____

Type of device worn: _____

Specialist: _____

PLEASE RATE US ON A SCALE OF 1-5 WITH 5 INDICATING EXCELLENT AND 1 FOR POOR.
CIRCLE THE NUMBER YOU FEEL MOST APPROPRIATE



- | | |
|---|-----------|
| 1. My appointment was scheduled in a reasonable amount of time and the person with whom I spoke with was courteous and helpful. | 1 2 3 4 5 |
| 2. I was seen within 15 minutes of my appointment and if not, the reason for the delay was explained to me. | 1 2 3 4 5 |
| 3. I found the waiting and treatment areas clean and well maintained. | 1 2 3 4 5 |
| 4. The services provided to me were delivered in a reasonable amount of time. | 1 2 3 4 5 |
| 5. Considering its limitations, I found the fit and function of my orthosis/prosthesis satisfactory. | 1 2 3 4 5 |
| 6. I have found that my orthosis/prosthesis is adequate for my needs. | 1 2 3 4 5 |
| 7. The appearance and workmanship of my orthosis/prosthesis is to my satisfaction. | 1 2 3 4 5 |
| 8. The Orthotist/Prosthetist who provided my service, was very knowledgeable and skillful. | 1 2 3 4 5 |
| 9. Overall, I was satisfied with the quality treatment I received from J. C. Orthopedic. | 1 2 3 4 5 |
| 10. I received specific recommendations and/or instructions on proper care and use of my orthosis/prosthesis. | Yes No |
| 11. I would recommend J. C. Orthopedic to others requiring such services. | Yes No |
| 12. What needs to be improved (Please use reverse side if more space is needed) | |

I would like to speak to someone from J. C. Orthopedic about the services provided. Yes No