(800) 735-4627

PATIENT SATISFACTION SURVEY

NAME (*optional*): _____

TYPE OF DEVICE: ☐ **ORTHOSIS** ☐ **PROSTHESIS**

PRACTITIONER (*optional*): _____

OFFICE WHERE YOU WERE SEEN: _____

Please respond to the following questions:

Was your appointment scheduled within a reasonable amount of time?	☐ YES	☐ NO
Were you seen within 15 minutes of your scheduled appointment time?	☐ YES	☐ NO
Were the waiting and treatment areas well maintained and comfortable?	☐ YES	☐ NO
Was your device completed on the day promised to you?	☐ YES	☐ NO
How many fittings were needed?		
Would you describe the fit and comfort of your device as:		
At delivery, were major changes needed?	☐ YES	☐ NO
Did the device need to be remade?	☐ YES	☐ NO
The quality of workmanship and appearance of the completed device is:		
In you opinion, did the Orthotist/Prosthetist have the necessary skills to provide you with the required device?	☐ YES	☐ NO
Were you given instructions on the care and use of your device?	☐ YES	☐ NO
Were you treated professionally by the Orthotist or Prosthetist?	☐ YES	☐ NO
Was the reception/billing staff courteous and professional?	☐ YES	☐ NO
Were your financial responsibilities explained in a professional manner?	☐ YES	☐ NO
Where did you hear about us?		

Please add any additional comments below.

_____

_____

_____

_____

_____

To send, please mail or email to:

8028 Frankford Ave. Philadelphia, PA 19136 • info@lawall.com