



Patient Satisfaction Survey

Patient: _____
Phone Number: _____
Date of Service: _____
New Item Dispensed: _____

Would you say that your equipment was delivered in a timely manner? YES / NO

Would you say that you received thorough instruction from your service rep on the usage of your equipment and that you feel confident using it daily? YES / NO

Have you taken advantage of receiving a copy of your patient paperwork from your visit? YES / NO

Would you say that you are satisfied with your service and that you would recommend our services to others? YES / NO

Were your questions or concerns responded to in a timely manner? YES / NO

On a scale of 1 to 10 with 10 being extremely satisfactory, how would you rate your experience?
(Please Circle A Number)

1 2 3 4 5
6 7 8 9 10

If you answered below a 6 to the previous question, what could we have done to make your experience more satisfactory?

