



| Please tell us how well you think we're doing in the following areas: | GREAT<br>5 | GOOD<br>4 | OK<br>3 | FAIR<br>2 | POOR<br>1 |
|-----------------------------------------------------------------------|------------|-----------|---------|-----------|-----------|
| Answered your questions effectively                                   |            |           |         |           |           |
| Gave good advice and treatment                                        |            |           |         |           |           |
| Administrative staff friendly and helpful                             |            |           |         |           |           |
| Administrative staff answered your questions                          |            |           |         |           |           |
| Explanation of billing and charges                                    |            |           |         |           |           |
| Collection of payment                                                 |            |           |         |           |           |
| Neat and clean building                                               |            |           |         |           |           |
| Comfort and safety while waiting                                      |            |           |         |           |           |

What did you like best about our clinic?

What did you like least about our clinic?

Do you have any suggestions for improvement?

*Thank you for taking the time to complete our survey. We appreciate your feedback!*