



WE WELCOME YOUR COMMENTS!

Dear patients, we would like to know your sincere opinion about our services.

Spare a few moments to give us your valuable comments, which will enable us to provide you the best services. You may also comment on our website at padderhealth.com

Your input will help us to improve!

NAME: _____

DATE: _____

NEW PATIENT: Yes - No

	Poor	Fair	Good	Very good	Excellent
■ Convenience of the location of the office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Getting through to the office by phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Length of time in the waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Courtesy, politeness and respect of our staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
■ Overall satisfaction of our services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUGGESTIONS FOR IMPROVEMENTS:

ADDITIONAL COMMENTS FOR OUR WEBSITE:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!