



Patient Satisfaction Survey

You are important to us...and your feedback counts!

Please take a moment and let us know how we are doing by completing this short survey!

Physician:

- Aiello Astle Goldman Heringer Hwang McPhee Mitzel
 Miller Skibell Suiter Winkler Quarnberg Brems Bates

	Exceeds Expectations	Acceptable	Below Expectations
Professionalism and helpfulness of the appointment scheduler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism and helpfulness of front desk staff/greeted promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait time as expected before seeing physician/technician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the physician interested in your needs and answered your questions, i.e. did your physician treat your condition as expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were your insurance and financial questions handled appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to recommend Arizona Eye Specialists to family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional comments:

Date of Appointment: _____ **Location:** _____

Patient Name (Optional) _____

**Thank you for completing our survey!
We hope to see you again soon...**

