

Today's Date:



## DYNAMIC BRACING & PHYSICAL THERAPY, INC

Using the scale below, please take the time to fill out this patient satisfaction questionnaire. Your input is important to us and helps us continue to provide quality service to our patients.

<b>Completely Agree</b> 5	<b>Somewhat Agree</b> 4	<b>Agree</b> 3	<b>Somewhat Disagree</b> 2	<b>Completely Disagree</b> 1
1. Was our front office staff professional and courteous?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
2. Was the telephone answered promptly when you called?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
3. Did our business hours make it easy for you to access services?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
4. Was it easy to locate us? If you called the office, were you given directions?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
5. Is there adequate parking available?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
6. Were you given (or offered) a copy of our financial and privacy policy?				
	<input type="radio"/> Yes		<input type="radio"/> No	
7. Was your product/device available in a timely manner?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. Did you receive a quality product?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. Were the application, use and care of the product you purchased explained to you?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Was the clinician that helped you with the Rolleraid knowledgeable and courteous?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
11. Were your insurance benefits explained to you to your satisfaction?				
<input type="radio"/> 5	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. If you had a problem or question, was it resolved to your satisfaction?				
	<input type="radio"/> Yes		<input type="radio"/> No	
13. Would you use our services again?				
	<input type="radio"/> Yes		<input type="radio"/> No	

PLEASE CONTINUE ON TO NEXT PAGE

16. Would you recommend us to others?

Yes

No

Please list any comments, questions or concerns you would like to share with us.

**Thank you for your feedback!**