

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.

Completely Agree	Somewhat Agree	Agree	Somewhat Disagree	Completely Disagree
5	4	3	2	1

1. Was our front office staff professional and courteous?

5 4 3 2 1

2. Was the telephone answered promptly when you called?

5 4 3 2 1

3. Did our business hours make it easy for you to access services?

5 4 3 2 1

4. Was it easy to locate us? If you called the office, were you given directions?

5 4 3 2 1

5. Is there adequate parking available?

5 4 3 2 1

6. Were you given (or offered) a copy of our financial and privacy policy?

Yes No

7. Was your Rolleraid clean?

5 4 3 2 1

8. When you received your Rolleraid did you notice any visible defects?

Yes No

If yes, please explain:

9. Were the application, use and care of the Rolleraid you rented explained to you?

5 4 3 2 1

10. Were you taught how to operate the folding neck assembly on the Rolleraid?

5 4 3 2 1

11. If someone else other than you picked up the Rolleraid were they able to explain to you the use of the Rolleraid?

Yes No

12. Was the clinician that helped you with the Rolleraid knowledgeable and courteous?

5 4 3 2 1

PLEASE CONTINUE ON TO NEXT PAGE

13. Were your insurance benefits explained to you to your satisfaction?

5

4

3

2

1

14. If you had a problem or question, was it resolved to your satisfaction?

Yes

No

15. Would you use our services again?

Yes

No

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!