



PATIENT SATISFACTION SURVEY

We thank you in advance for completing this questionnaire. When you are finished, please mail in the enclosed envelope.

BACKGROUND QUESTIONS

How did you hear about Oral & Facial Plastic Surgery?

- Dentist Family/Friend Advertisement Website Phone Book Other _____

In which office were you treated?

- Clarkson West 132 & Birch 92 & Center Council Bluffs Fremont Norfolk Atlantic Carroll

Which surgeon treated you?

- Andersen Coffey Engel Heit Kuhn Marshall
 Pfeifle Schneider Sears Tu Wendt Wood

Why did you choose this doctor for your care?

- Reputation for quality care Location-close to home/office Insurance network Previous Visit
 Physician/Dentist Referral Other (please explain) _____

Have you visited our website, "omfacialsurgery.com"? Y N

If yes, did you find our website helpful? Y N

If not helpful, what would you like to see changed? _____

Patient's Age: Under 18 18-30 31 - 50 50-64 65+

If someone other than the patient is completing this survey, please fill this circle

Date of visit:

____ / ____ / ____
 month day year

How many **minutes** did you wait after your scheduled appointment time **before you were called to an exam room?**

- 0-10 min
 10-20 min
 20-30 min
 over 30 min

How many **days** did you wait to get an appointment? _____
 days

How many **minutes** did you wait in the **exam room before you were seen by a surgeon?**

- 0-10 min
 10-20 min
 20-30 min
 over 30 min

A. ACCESS TO CARE	very good	good	fair	poor	very poor
1. Ease of scheduling your appointment	5	4	3	2	1
2. Courtesy of person who scheduled your appointment					
3. Signage was helpful in locating the office					
4. Helpfulness on the telephone					
5. Promptness in returning your phone calls					
6. Appointment was scheduled in a reasonable time					
7. Courtesy and friendliness of billing staff					

1. Ease of scheduling your appointment
2. Courtesy of person who scheduled your appointment
3. Signage was helpful in locating the office
4. Helpfulness on the telephone
5. Promptness in returning your phone calls
6. Appointment was scheduled in a reasonable time
7. Courtesy and friendliness of billing staff

Comments (describe good or bad experience): _____

B. DURING YOUR VISIT

very good	good	fair	poor	very poor
5	4	3	2	1

1. Ease of registration process
2. Front office staff greeted me in a friendly, professional manner
3. Comfort and pleasantness of the waiting area
4. Length of wait before going to an exam room
5. Comfort and pleasantness of the exam room
6. Staff members were attentive to my needs
7. Confidentiality was maintained throughout my appointment
8. Financial responsibilities were explained and handled in a respectful and pleasant manner

Comments (describe good or bad experience): _____

C. YOUR CARE PROVIDER

very good	good	fair	poor	very poor
5	4	3	2	1

1. Friendliness/courtesy of care providers
2. Concern the surgeon showed for your questions or worries
3. Treatment options and procedures were fully explained and understandable
4. Home care instructions were fully explained and understandable
5. Amount of time the surgeon spent with you
6. Your confidence in the surgeon
7. Likelihood of your recommending this surgeon to others

Comments (describe good or bad experience): _____

D. OVERALL ASSESSMENT

very good	good	fair	poor	very poor
5	4	3	2	1

1. Overall cheerfulness of our practice
2. Overall cleanliness of our practice
3. Overall rating of care you received during your visit
4. Likelihood of your recommending our practice to others

Comments (describe good or bad experience): _____

What is one thing we do well? _____

What is one thing we should do better? _____

Patients Name: (optional) _____

Telephone Number: (optional) _____

Would you like someone to contact you regarding any problems or concerns?

If you have any questions or concerns, please contact Amanda at 402-390-0770 ext. 256