

Bionics Orthotics & Prosthetics

Patient Satisfaction Survey



Name: _____ Date seen at Bionics: _____

What device or service did you receive?: _____

Which practitioner did you see?

Martin Arrellano Kevin Calvo Chuck Moore Emily Rau Basil Whaley

How satisfied are you with the following areas:

-  1. Very dissatisfied
-  2. Dissatisfied
-  3. Neutral
-  4. Satisfied
-  5. Very satisfied






1 2 3 4 5

Obtaining an appointment at a time that is convenient for you					
The overall friendliness and professionalism of our office staff on the phone:					
	... in person:				
The explanation of our billing and payment services:					
The amount of time you waited to be seen by a practitioner:					
The amount of time the practitioner spent with you:					
The overall quality, function, fit, and comfort of your device:					
The delivery of your device in a timely manner:					
The amount of information you were given on how to use, clean, and care for your device:					
The appearance and cleanliness of your waiting area, fitting room, and restrooms:					
The overall experience at Bionics:					

Please provide any other comments or thoughts which will help us serve you better: