

**Bionics Orthotics & Prosthetics  
Patient Satisfaction Survey**

Name: \_\_\_\_\_ Date seen at Bionics: \_\_\_\_\_

What device or service did you receive?: \_\_\_\_\_

Which practitioner did you see?	Kevin Calvo	Steven DaLuz	Nicole Keller
	Emily Rau	Anthony Moussa	Kendra Krugh

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: