Patient Satisfaction Survey

In order to evaluate and better serve our patients, we are asking you to take a few minutes to evaluate your visit today. The survey can be dropped in the survey box in our waiting room or it may be mailed to Vantage Eye Center, Attention Practice Manager, 622 Abbott St. Salinas, CA 93901.

1. When telephoning our office, have you been placed on hold for long periods of time? _Yes _No

If yes, how long? _ 1-3 minutes _ 4-6 minutes _ Over 7 minutes

2. When you telephone our office, did the receptionist answer your call courteously? _Yes _No

Comments_____

3. When you need an appointment, how many days do you usually have to wait before one is available?

_ Same day _ 1-3 days _ 4-7 days _ more than 1 week

4. Did you receive a Reminder Card for your annual eye exam or 6 month follow up visit? _Yes _No

If so, what time period before the exam was the card received? _ <1 week _ 2 weeks prior _ > 3 weeks

5. How long were you in the office from sign-in to discharge?

_ Less than 30 minutes _ 30 to 60 minutes _ 60 to 90 minutes _ Over 90 minutes

Please Rate Vantage Eye Center on the following:

Scale Definition:	**1 - Poor**	**2 - Fair**	**3 - Good**	**4 - Excellent**	**N/A – Not Applicable**

		1	**2**	**3**	**4**	**N/A**
6.	How would you rate the receptionist on courtesy and promptness?.....	_	_	_	_	_
7.	How would you rate the efficiency of Check-in and Check-out process?.....	_	_	_	_	_
8.	How would you rate the explanation of billing procedures by our receptionist?.....	_	_	_	_	_
9.	How would you rate our technicians on courtesy and efficiency?.....	_	_	_	_	_
10.	How would you rate the physician on professional thoroughness in the exam?....	_	_	_	_	_
11.	How would you rate the optical department on courtesy and promptness?.....	_	_	_	_	_
12.	How would you rate the billing department on courtesy, efficiency, and promptness?	_	_	_	_	_
13.	How would you recommend our office to a friend or relative?.....	_	_	_	_	_

14. Which Physician did you see today? _ Paul _ Pruthi _ Jones _ Kim _ Page _ Farahmand

_ Iranmanesh _ Bernardino _ Neunzig _ Medcalf

15. Date of Service:_____ Name(optional):_____

Please add any additional comments: _____

_____

_____