



Patient Satisfaction Survey

Patient's Name _____

Practitioner's Name _____

Type of device worn _____

PLEASE RATE US ON A SCALE OF 1-5 WITH 5 INDICATING EXCELLENT AND 1 BEING POOR. CIRCLE THE NUMBER YOU FEEL IS MOST APPROPRIATE.

1. My appointment was scheduled in a reasonable amount of time and the person with whom I spoke was courteous and helpful. 1 2 3 4 5
2. I was seen within 10 minutes of my appointment time. 1 2 3 4 5
3. I found the waiting and treatment areas clean and well maintained. 1 2 3 4 5
4. The services provided to me were delivered in a reasonable amount of time. 1 2 3 4 5
5. I found the fit and function of my prosthesis/orthosis satisfactory. 1 2 3 4 5
6. The appearance and the workmanship of my prosthesis/orthosis is to my satisfaction. 1 2 3 4 5
7. The clinician who provided my services was knowledgeable. 1 2 3 4 5
8. I received specific instructions on the care and use of my Prosthesis/orthosis. 1 2 3 4 5

2909 N. Orange Ave. #111 Orlando, FL 32804

407.897.2112 fax 407.897.2133

info@tropicalbraceandlimb.com

Specializing in orthotics & prosthetics