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Patient Satisfaction Survey

Patient's Name: _____

Practitioner's Name: _____

Type of device worn: _____

Today's Date: _____

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

1. My Appointment was schedule 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