

Patient Satisfaction Survey

How satisfied were you with the following aspects of your care

- Availability** Unsatisfied Neutral
 Satisfied Very Satisfied
- Convenience** Unsatisfied Neutral
 Satisfied Very Satisfied
- Scheduling** Unsatisfied Neutral
 Satisfied Very Satisfied

Environment

- Comfortable** Unsatisfied Neutral
 Satisfied Very Satisfied
- Too Cold** Unsatisfied Neutral
 Satisfied Very Satisfied
- Too Hot** Unsatisfied Neutral
 Satisfied Very Satisfied
- Staff Friendliness** Unsatisfied Neutral
 Satisfied Very Satisfied
- Nurse Friendliness** Unsatisfied Neutral
 Satisfied Very Satisfied
- Nurse Response Time** Unsatisfied Neutral
 Satisfied Very Satisfied
- Provider/Doctor** Unsatisfied Neutral
 Satisfied Very Satisfied

**Wait Time
(Lobby)**

- Unsatisfied
- Satisfied

- Neutral
- Very Satisfied

**Wait Time In
Exam Room**

- Unsatisfied
- Satisfied

- Neutral
- Very Satisfied

**Prescription
Filled Timely**

- Unsatisfied
- Satisfied

- Neutral
- Very Satisfied

**Overall
Experience**

- Unsatisfied
- Satisfied

- Neutral
- Very Satisfied

**Please Rate RMA
Overall**

Other Comments

Name

<input type="text"/>	<input type="text"/>
First Name	Last Name

Phone Number

<input type="text"/>	-	<input type="text"/>
Area Code		Phone Number

"Thank you, your feedback is greatly appreciated"



Please press submit or print form and fax into RMA
