

**PEDIATRIC OPHTHALMOLOGY AND STRABISMUS, INC.  
SURGICAL ASSOCIATES**

Jane Hughes, M.D. • Joseph C. Paviglianiti, MD • Eric A. Pennock, MD • Michelle L. Werteleit, OD

**PATIENT SURVEY**

Welcome! Please take a few minutes to help evaluate our office so that we may offer you the best possible care.

**Access**

Ease of scheduling your appointment	Excellent 5---4---3---2---1 Poor
Efficiency of check-in process	Excellent 5---4---3---2---1 Poor
Appointment call confirmation	Excellent 5---4---3---2---1 Poor
Waiting time in office to be called to an exam room	Excellent 5---4---3---2---1 Poor
Waiting time in the exam room to be seen by the doctor	Excellent 5---4---3---2---1 Poor

**Clinical Staff**

Was the technical staff concerned and helpful	Excellent 5---4---3---2---1 Poor
Did the technical staff answer your questions	Excellent 5---4---3---2---1 Poor
Did the doctor explain what he/she was doing and why	Excellent 5---4---3---2---1 Poor

**Overall**

Were you satisfied with your visit	Excellent 5---4---3---2---1 Poor
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What can we do to improve?

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Thank you for your help! Please add any additional comments or suggestions. Feel free to use the back of this sheet if more space is needed.

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Name and phone number (optional) \_\_\_\_\_