

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

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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?

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.

Name and phone number (optional) _____