

Patient Satisfaction

CONFIDENTIAL QUESTIONNAIRE

Please rate your recent cataract surgery experience at Pacific Cataract and Laser Institute.

1. Courtesy of telephone staff when you called our office?
 Excellent
 Very Good
 Acceptable
 Poor
2. Ease of getting a convenient appointment?
 Excellent
 Very Good
 Acceptable
 Poor
3. Courtesy and friendliness of our receptionist when you arrived?
 Excellent
 Very Good
 Acceptable
 Poor
4. After you arrived, how long did you have to wait to be seen?
 Less than 15 minutes
 15 to 30 minutes
 More than 30 minutes
5. Courtesy and friendliness of technical staff during your visit?
 Excellent
 Very Good
 Acceptable
 Poor
6. Comfort and appearance of the office?
 Excellent
 Very Good
 Acceptable
 Poor
7. Courtesy and friendliness of our doctor(s)?
 Excellent
 Very Good
 Acceptable
 Poor
8. Our doctor's interest in your problem?
 Excellent
 Very Good
 Acceptable
 Poor
9. Our doctor's explanation of your problem and the treatment?
 Excellent
 Very Good
 Acceptable
 Poor
10. Your overall experience at our office?
 Excellent
 Very Good
 Acceptable
 Poor
11. Was there anything that did not meet your expectations of quality?
 No
 Yes Please explain _____

12. Additional comments or suggestions

I would appreciate a call to discuss my comments or concerns.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Thank you for your time!

Comments or questions can also be e-mailed via our website at www.pcli.com