

BALANCE PROSTHETICS & ORTHOTICS, INC.
3601 CHICHESTER AVENUE, SUITE 108
BOOTHWYN, PA 19061
PHONE: (484) 489-1006
www.balancepo.com

PATIENT SATISFACTION SURVEY

ACCOUNT #: _____

Patients Name: _____ Date: _____

Age of Patient: _____ Type of Device Worn: _____

Name of person completing survey: _____ Telephone #: _____

You have recently been fit with a prosthesis (artificial limb), orthosis (brace), or shoes. Your satisfaction with our service is important to us. Please take the time to answer the questions below and feel free to add your own comments.

Please rate us on a scale of 1-4 with 1 indicating Poor and 4 indicating Excellent. Please circle the number you feel is most appropriate.

- | | POOR | FAIR | GOOD | EXCELLENT |
|---|-------|-------|-------|-----------|
| 1. How satisfied were you with the knowledge and skills of the practitioner who treated you? | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 2. How well did the practitioner explain the instructions on the proper care, use, maintenance of your prosthesis/orthosis? | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 3. The practitioner spent enough time with me and answered all my questions? | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 4. I was able to obtain a convenient appointment. | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 5. The overall fit, quality, and comfort of your device? | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 6. How satisfied were you in regards to the waiting time to see your practitioner? | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 7. Were your financial responsibilities clearly explained to you? | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 8. How satisfied were you with the facilities and accessibility? | ___ 1 | ___ 2 | ___ 3 | ___ 4 |
| 9. Please rate your overall satisfaction with BALANCE PROSTHETICS & ORTHOTICS. | ___ 1 | ___ 2 | ___ 3 | ___ 4 |

How were you referred to BALANCE P&O? ___ Physician ___ Friend Other: _____

How can we improve? (Please use reverse side for additional comments)

Thank You!