

PATIENT SATISFACTION SURVEY

FOOT AND ANKLE SPECIALISTS, P.C.

DR. LAWRENCE MANDEL

Office Address

- Brookside Campus--6675 Holmes Road**
- Lee's Summit Office—2000 SE Blue Parkway**

You deserve the best possible foot care! We need your feedback to continue providing the highest quality care. Please let us know what you think we are doing right and how we can improve by filling out the following patient survey. All of your responses will be kept strictly confidential.

1. How did you hear about our practice?
 - My family physician Family member Insurance company booklet
 - Another physician Friend or coworker Neighbor
 - Other _____ Sign Yellow Pages
2. When requesting an appointment date, how close was the appointment you received to your request?
 - Same day 1-2 days 3-7 days 8-14 days 15 to 30 days longer
3. After arriving, how long did you wait past your scheduled appointment time before seeing the doctor?
 - Did not wait 5-15 minutes 16-30 minutes over 30 minutes

PLEASE RATE OUR PRACTICE ON THE FOLLOWING:

4. How you were treated in your first visit to our office?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
5. How you were treated on other visits to our office?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
6. Your general impression of the office décor?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
7. Your general impression of the cleanliness of the office?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
8. Your satisfaction with the thoroughness of the examination?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
9. Your satisfaction with the doctor's explanation of your diagnosis?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
10. Explanation of treatment options, procedures, or tests?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
11. Your satisfaction with medical or surgical treatment received?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
12. Doctor's personal interest in you and your health problems?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
13. How well your questions were answered by the doctor?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A

14. Outcome of your foot care; how much you were helped?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
15. Overall quality of care received from Dr. Mandel?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
16. Overall quality of care received from Dr. Davis?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
17. How well your questions were answered by the staff?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
18. How clearly the billing policies were explained to you?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
19. Convenience of office location?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
20. Convenience of office parking?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
21. Convenience of hours of operation?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A
22. Your access to podiatric care when you need it, even after hours?
 Very satisfied Somewhat satisfied Somewhat dissatisfied
 Very dissatisfied N/A

23. Would you recommend our practice to a friend?
- Definitely Would Probably Would Not sure
 - Probably Wound Not Definitely Would Not
24. Please make additional comments that might help us improve our level of service to you.

Thank you for taking your valuable time to complete this survey!
Please return this survey in the enclosed self-addressed envelope.