

Northwest Prosthetic & Orthotic Clinic

At Northwest Prosthetic and Orthotic Clinic we are committed to providing our patients the highest level of service possible. Please take a few moments to complete this brief and confidential survey.

Name: _____

1 = Below Expectations 2 = Minimum Expectations 3 = Normal Expectations
4 = Good, Above Expectations 5 = Outstanding

Practitioner:

Was prompt and efficient?	5	4	3	2	1	N/A
Provided the optimal device for treatment of your condition?	5	4	3	2	1	N/A
Provided adequate education on use of your device?	5	4	3	2	1	N/A
Quality and Workmanship of device provided?	5	4	3	2	1	N/A
Repairs or adjustments were adequately addressed?	5	4	3	2	1	N/A

Comments: _____

Office Staff

Efficient when arranging appointments?	5	4	3	2	1	N/A
Appointments set up in a timely manner?	5	4	3	2	1	N/A
Courteous and helpful upon arrival for appointment?	5	4	3	2	1	N/A
Billing questions adequately explained?	5	4	3	2	1	N/A

Comments: _____

