Firstcare Orthopaedics, Inc.

Patient Satisfaction Survey

1. Was the equipment/service provided in a timely manner? ❑Yes ❑No

2. Were you given complete instructions on your equipment/care? ❑Yes ❑No

3. Were all your questions answered to your satisfaction? ❑Yes ❑No

4. Was the staff courteous, knowledgeable and professional? ❑Yes ❑No

5. Were you instructed on who/where to call with questions or problems? ❑Yes ❑No

6. Were you satisfied with your equipment/service? ❑Yes ❑No

7. Would you recommend our equipment/services to others? ❑Yes ❑No

8. Were you given/offered a copy of the patient Privacy Policy and or Medicare Supplier Standards?
Were these documents explained to you? ❑Yes ❑No

9. Please share your comments or suggestions on how we might serve you better.

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