

PARENT/PATIENT SURVEY

In an ongoing effort to improve our service to you, please answer this survey and return it to us at your convenience in the enclosed self-addressed, stamped envelope.

- 1. Overall, did we meet your expectations for treatment? *yes!*
 In what ways? *Having been a patient of Dr. Alford's since he came to Borke I have been more than pleased with his professional, caring concern. I'm still happy to be in his capable hands.*
- 2. What would have increased your satisfaction? *Nothing*
- 3. Did our office hours meet your needs? *yes*
 Were we on time or did you have to wait to be seen? *no waiting*
- 4. Are you satisfied with the explanations given to you by Dr. Alford concerning treatment? *yes*
Though I had not been seen by this attendant before she was aware of my condition as a former patient.
 Are you satisfied with the explanations of treatment given to you by our office staff? *yes*

5. How would you rate us in the following areas?

1 = needs improvement 2 = good 3 = excellent

Dr. Alford

Friendliness:	1	2	<u>3</u>
Caring/Concern:	1	2	<u>3</u>

Staff

Friendliness:	1	2	<u>3</u>
Caring/Concern:	1	2	<u>3</u>

Office

Cleanliness:	1	2	<u>3</u>
Equipment:	1	2	<u>3</u>
Present location:	1	2	<u>3</u>

Cherise, attractive office, convenient, the staff most helpful.

6. Please add any additional comments concerning any situation, staff member, or Dr. Alford.

Signature (optional): Madel R. Milner

May we share this information with others (and for our website)? yes