

FROMER EYE CENTERS – PATIENT SATISFACTION SURVEY

Name (Optional):

*For each item identified below, circle the number
to the right that best fits your judgment of its quality.
Use the scale above to select the quality number.*

Description/Identification of Survey Item	<u>Scale</u>				
	P o o r	Good			E x c e l l e n t
1. Impression of the front desk representative	1	2	3	4	5
2. Impression of technician	1	2	3	4	5
3. Waiting time	1	2	3	4	5
4. Office appearance	1	2	3	4	5
5. Overall experience at Fromer Eye Centers	1	2	3	4	5
6. <i>Please use the space below to provide additional comments or to explain your reasoning for the above responses:</i>					