

**AFFILIATED EYE SURGEONS, LTD**  
**Patient Satisfaction Survey**

Which location did you visit?

- Phx- 500 W. Thomas
- Scts- 7125 E Lincoln
- Metro- 3201 W. Peoria Ave

Please indicate your physician:

- Dr. Bloemker,       Dr. Shorb       Dr. Zimmerman
- Dr. Stadwiser       Dr. Yanik       Dr. Koster

Was the parking convenient for you?

- Yes                       No

When calling for your appointment did we answer your call promptly?

- Yes                       No

Were you greeted by Front Office Staff as soon as you arrived in our office?

- Yes                       No

From your appointment time, how long did you wait before being seen? \_\_\_\_\_ (minutes)

- Yes                       No

Did any of our staff notify, explain or update you on your wait time?

- Yes                       No

Did the doctor listen as you described your symptoms or asked questions?

- Yes                       No

Did you understand the doctor's explanation of the results of your office visit?

- Yes                       No

Would you return to Affiliated Eye Surgeons, Ltd, or recommend us to a friend of family?

- Yes                       No

How would you rate the overall quality of your office visit?

- Excellent*       *Good*               *Average*       *Poor*

Any suggestions you may have about service in our office will be appreciated. Please feel free to comment on any topic. (Use back of form for add'l space)

Comments: \_\_\_\_\_

**Laser Vision Correction** is intended to reduce a person's dependency on glasses or contact lenses. If you are interested in learning about the benefits of this surgical procedure, please complete the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_