

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.

Which doctor did you see?

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

Was parking convenient for you?

(If not, please fill out attached parking questionnaire)

- 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 scheduled appointment time, how long did you wait before being seen? _____ minutes

Did any of our staff notify, explain or update you on any 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 or family?

- YES
- NO

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

- Excellent
- Good
- Average
- Poor

Any suggestions you may have about patient 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 _____
