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DOCTOR OF OPTOMETRY
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Thank you for choosing our practice for your eye care. Your satisfaction with the services we provide is important to us. Please complete the short survey below and let us know how we might further enhance your experience. Thank you.

Mark D. Noss, O.D.

Patient Satisfaction Survey

About Our Services

- | | | | | | | | | | | |
|--|--------------------------|-----------|--------------------------|-----------|--------------------------|------|--------------------------|------|--------------------------|------|
| 1 Convenience of our office hours | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 2 Ease of making your appointment | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 3 Length of time you waited to see me | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 4 Comfort and cleanliness of our office | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 5 Thoroughness of the care received | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 6 Communication/Quality of time with me | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 7 Friendliness and courtesy of our staff | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 8 Help with understanding your insurance coverage | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 9 Overall satisfaction with your visit to our office | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |

About Your Eyewear

- | | | | | | | | | | | |
|---|--------------------------|-----------|--------------------------|-----------|--------------------------|------|--------------------------|------|--------------------------|------|
| 10 Knowledge and assistance of our staff | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 11 Choice of frame styles available to you | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 12 Explanation of costs/insurance coverage | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |
| 13 Quality of Eyewear (glasses &/or contact lenses) | <input type="checkbox"/> | Excellent | <input type="checkbox"/> | Very Good | <input type="checkbox"/> | Good | <input type="checkbox"/> | Fair | <input type="checkbox"/> | Poor |

About You

How many years have you been a patient of our practice?

1st visit 1-3 years 4-6 years 7-10 years 11-20 years 20 years or more

What is your current age?

Under 18 18-24 25-34 35-44 45-54 55-64 65 or over

Are you male female ?

Would you refer a friend to our office for eyecare? Yes No

Please include any additional comments about your visit to our office:

I wish to be contacted by Dr. Noss:

Name

Phone #

e-mail address

231-946-8460

328 Munson Ave.

ptsatisfsurvey.xl.04/28/06

Traverse City, MI 49686