

## Patient Testimonial/Feedback Survey

The Doctor(s) and Staff of \_\_\_\_\_ welcome feedback from our patients. We appreciate any comments you may have and are providing this patient feedback form for your convenience.

Please fill out the short survey below. If you need more space, feel free to use the back of the paper as well. When you are finished, please read and sign the release form also provided so that we may use your comments/testimonial when marketing our services.

You may turn your survey and release in to us directly, or mail it back to us at the address listed above. We may share your testimonial with other patients or even with the media!

1. What do you like about the procedure you underwent, or the experience of having the procedure done?

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2. What do you like about our doctor/doctors and staff?

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3. In what area or way could we improve our service?

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4. On a scale of 1 to 10, with 10 being the best, how would you rate our services? \_\_\_\_\_

Please explain your rating: \_\_\_\_\_

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