HOW CAN WE MAKE YOUR CARE BETTER?

1.	Was your appointment time convenient for you? \square Yes \square No
2.	Were you seen by the doctor in a timely fashion? ☐ Yes ☐ No
3.	Were your diagnosis and treatment plan explained to you carefully? ☐ Yes ☐ No
4.	Were your questions answered thoroughly? \square Yes \square No
5.	Did the care you receive meet your expectations? ☐ Yes ☐ No
6.	How would you rate the overall quality of your care? ☐ Excellent ☐ Good ☐ Poor
7.	How would you rate the helpfulness of our staff? ☐ Excellent ☐ Good ☐ Poor
8.	How would you rate the warmth and friendliness of the doctor and staff? ☐ Excellent ☐ Good ☐ Poor
9.	Would you refer a friend or loved one to our care? ☐ Yes ☐ No
Additional comments: (How can we improve our services?	

PALM BEACH ORTHOPEDIC SPECIALISTS, INC.

Providing patient-first care since 1981

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Please use additional paper if necessary.)

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