# Patient Satisfactions Survey

We hope you enjoyed your stay with us! To help us better serve you, please complete this survey and return it to the reception desk at your convenience. Thank you!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Statement | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| My overall experience here was good, and I would recommend this One Salon to others |  |  |  |  |  |
| Intake Exam |  |  |  |  |  |
| The Fitter was available at appointment time |  |  |  |  |  |
| The check-in process was timely and efficient. |  |  |  |  |  |
| The check-in staff was courteous. |  |  |  |  |  |
| The Fitting room |  |  |  |  |  |
| The room was clean and comfortable. |  |  |  |  |  |
| The room was furnished appropriately. |  |  |  |  |  |
| The Fitter |  |  |  |  |  |
| The staff was prompt, reliable, and friendly. |  |  |  |  |  |
| The staff was knowledgeable and fully answered my questions about the area. |  |  |  |  |  |
| The Product |  |  |  |  |  |
| The Fitter explain the product and how to care for the product |  |  |  |  |  |
| The product met my needs |  |  |  |  |  |
| I received a HIPPA form |  |  |  |  |  |
| I received a Patient Rights form |  |  |  |  |  |
| I received a copy of 30 Medicare Supplier Standards |  |  |  |  |  |
| Check out |  |  |  |  |  |
| The check-out process was timely and efficient. |  |  |  |  |  |
| I received a complete and accurate bill. |  |  |  |  |  |
| I received care instructions for my product |  |  |  |  |  |
| Additional Comments: |

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Patient Signature Date

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Patient’s Printed Name