



PATIENT SATISFACTION SURVEY

Patient Last Name

First Name

Date

In continuance without pursuit to provide you with the very best customer experience, please take a moment to fill out this survey. We greatly appreciate your feedback.

Please select the type of device applicable to your most recent appointment:

Prosthetic Orthotic

Practitioner Name:

1) How do you Rate the Level of service you received from Kinetic and Practitioner?

	Excellent	Good	Fair	Poor
a) Discussed and answered any questions	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
b) Effectively resolved any issues	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
c) Helpful, provided suggestions and fitting instructions	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
d) Professional, Courteous, returned calls in timely manner	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
e) Staff explained warranty & patient financial responsibility	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
f) How Satisfied are you with your device & its function	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
g) Did you receive your device in the time promised?	<input type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

2) Would you recommend Kinetic to friend or colleague? Yes No

3) Based on your experience and on a scale of 1-4 (4 being the best) how would you rate Kinetic? 4 3 2 1

4) Please feel free to write any additional comments explaining your rating above:

To submit this form, please save the completed form and send in an email to tutt@kineticoandp.com