

## Patient Survey

At Grutzmacher & Lewis, we strive to bring you the best care possible; our goal is to exceed your expectations. We are very interested in hearing about your experience with us. We look forward to incorporating your suggestions, and hope to have the opportunity to serve your family and friends.

Please take a moment to reflect on your experience at our office respond to the following questions.

### Your Doctor:

Which doctor performed your examination and/or surgery?

- Richard D. Grutzmacher, MD
- Richard A. Lewis, MD
- Patricia B. Sierra, MD
- Monica C. Robinson, OD

What type of procedure, exam or treatment did you have?

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My doctor took the time to help me understand my results and decide what treatment would be best for me.

- Yes  Somewhat  No

I had confidence in my doctor.

- Yes  Somewhat  No

I was seen promptly for my appointment.

- Yes  Somewhat  No

My treatment or procedure was explained to me in a way that I could understand.

- Yes  Somewhat  No

I received instructions on how to prepare for the examination.

- Yes  Somewhat  No

### Surgery Scheduling: (If applicable)

The written materials I received were easy to understand.

- Yes  Somewhat  No

I understood the pre-surgical instructions about what to do and what not to do.

- Yes  Somewhat  No

The surgery scheduler was helpful and courteous.

- Yes  Somewhat  No

I was able to schedule my appointments according to my needs.

- Yes  Somewhat  No

### The Day of Treatment: (If applicable)

My doctor explained each step so I know what I would see or experience next.

- Yes  Somewhat  No

I felt safe and comfortable during my treatment.

- Yes  Somewhat  No

I understood how the typical healing process would occur.

- Yes  Somewhat  No

The surgery center staff was helpful and courteous.

- Yes  Somewhat  No

**General Comments:**

The practice staff was helpful and courteous.

- Yes    Somewhat    No

My telephone calls were handled courteously and in a timely manner.

- Yes    Somewhat    No

What did we do especially well?

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What can we do to improve our services?

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Why did you choose Grutzmacher & Lewis?

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How did you hear about our practice?

- Patient \_\_\_\_\_
- Doctor \_\_\_\_\_
- Newspaper/magazine/TV/ radio
- Internet \_\_\_\_\_
- Other \_\_\_\_\_

Would you recommend us to your family and friends?

- Yes    Somewhat    No

**Share your Experience with Others:**

If you would like to share your excitement with individuals who are considering vision correction or medical eye care, please indicate the support services that you would be willing to participate in:

- Being on a short term, rotating telephone list for potential patients to call and ask questions about your experience
- Providing a testimonial for radio, print or our website.
- Writing a brief note or letter about your experience that may be included in our patient album and, possibly, in written advertising materials

**Thank you!**

Thank you for taking the time to complete this survey. Please feel free to remain anonymous. If you don't mind providing your name, please do so below.

Your name (please print)

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Thank you for sharing your comments and ideas!

Grutzmacher & Lewis and Staff