

Patient Survey

At Grutzmacher, Lewis & Sierra, 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
 Jonathan P. Perlman, MD
 Monica C. Robinson, OD

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

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?

What can we do to improve our services?

Why did you choose Grutzmacher, Lewis & Sierra?

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)

Thank you for sharing your comments and ideas!

Grutzmacher, Lewis & Sierra and Staff