



YOUR EVALUATION IS IMPORTANT TO US!

Dear Patient,

It is the goal of Dr. Totoro to make your experience with us the best it can be. Would you help us by completing and returning this evaluation at the time of your post-op visit? Please, feel free to comment as you feel necessary. **THANK YOU!!**

Name of Patient:

APPOINTMENT SCHEDULING

- Did you receive appointment instructions? Y N
- Were they given in a manner in which you understood? Y N
- Were all of your questions answered? Y N
- Were you notified of your financial responsibility prior to the appointment? Y N
- Was the scheduler courteous and efficient? Y N

DAY OF APPOINTMENT

- Was the staff responsive to all of your needs? Y N
- Was the atmosphere comfortable and pleasing? Y N
- Were all of your questions answered? Y N
- Was the receptionist courteous and efficient? Y N
- Did you feel that you were made to wait too long, at any time? Y N

Comments:
