

PATIENT SATISFACTION SURVEY

You were seen by (Check one or more):

- | | | |
|---|---|--|
| <input type="checkbox"/> Stephen E. Faust, M.D. | <input type="checkbox"/> Christina M. Morganti, M.D. | <input type="checkbox"/> Daniel E. Redziniak, M.D. |
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| <input type="checkbox"/> Marc F. Brassard, M.D. | <input type="checkbox"/> James D. MacDonald, M.D. | |

Please evaluate each of the following areas:

Area being evaluated	Excellent 5	4	3	2	Poor 1
Ease of scheduling appointment					
Waiting time					
Courtesy & efficiency of the front desk					
Courtesy and efficiency of clinical staff					
Thoroughness & efficiency of your physician					
Courtesy & friendliness of your physician					
Overall impression of our facility					
Was anyone especially helpful today? Name?					
Was anyone not helpful today? Name?					

Name (Optional) : _____

Contact phone number or email (Optional): _____

Comments: _____

Or by fax: **410 268-0380** Attention JR Baylor, Clinical Director