Vistarr Laser & Vision Centers Patient Satisfaction Survey Vistarr patient comm to our follow

Vistarr Laser and Vision Centers has developed this patient-satisfaction survey as part of our ongoing commitment to consistently deliver a high level of service to our patients. Please take a moment to answer the following questions. Thank you.

Vistarr location:	8. What would you tell them about us?
Provider you saw today:	
When you call to schedule an appointment, do we see you in a timely manner?	9. How can we improve our services to you?
O Always O Usually O Sometimes O Never	
2. Are our staff members professional, courteous and responsive to your needs?	
O Always O Usually O Sometimes O Never	10. Were any of our staff members particularly
3. Are you seen within a short time of your scheduled appointment?	helpful? ————————————————————————————————————
O Always O Usually O Sometimes O Never	
4. Do we educate you on your condition and treatment options?	Optional Information
O Always O Usually O Sometimes O Never	Name
5. Do you feel that you receive treatment that meets your needs?	Would you like someone to contact you about your visit or comments? YesNo
O Always O Usually O Sometimes O Never	If yes, please provide your phone number
6. Was your care delivered in a personalized, compassionate manner?	//
O Always O Usually O Sometimes O Never	What are the best times to call?
7. Would you recommend Vistarr to your friends and relatives? • Yes • No	Thank you for allowing us to serve your eye care needs and for providing this valuable feedback.

