

Ontario Prosthetic Systems

Patient Survey

Please return completed survey to: 9253 Hermosa Ave, Suite C, Rancho Cucamonga CA.91730 or EMAIL to: box100@ontarioprosystems

Patient's name _____ Date _____

Approximate date of last visit: _____

Where did you first hear about Ontario Prosthetic Services?

Your satisfaction with our service is important to us. Please take the time to answer the questions below, as this helps us to monitor the quality of our patient care. We strive for "Excellence" and hope you have experienced that during your office visit. Feel free to add your own comments, realizing that your answers will be kept strictly confidential.

Thank you for taking the time to complete this survey.

5 = Excellent, 4 = Good, 3 = Average, 2 = Fair, 1 = Unacceptable, NA = Not Applicable

Please circle the appropriate response.

1. My appointment was scheduled in a reasonable amount of time and the person with whom I spoke was courteous and helpful. 5 4 3 2 1 NA
2. How would you assess the quality of service provided by the people at our front window? 5 4 3 2 1 NA
3. I was seen within 15 minutes of my appointment and if not, the reason for the delay was explained to me. 5 4 3 2 1 NA
4. How would you rate your experience with, and knowledge of our Front Office staff? 5 4 3 2 1 NA
5. Did our staff inform you of any expense that you may be liable for should your insurance company deny or reduce payment for services rendered to you? 5 4 3 2 1 NA
6. I found the waiting and treatment areas clean and well maintained. 5 4 3 2 1 NA
7. The service was provided to me in a reasonable amount of time, and the explanation for length of fabrication time was satisfactory. 5 4 3 2 1 NA
8. Considering its limitations, I found the fit and function of my prosthesis/orthosis satisfactory. 5 4 3 2 1 NA

9. How would you evaluate the workmanship and appearance of the finished product?
5 4 3 2 1 NA
10. Are you satisfied with the overall *function* of your brace (ie, how your brace works)?
5 4 3 2 1 NA
11. Did the staff member who measured / fit your device treat you with courtesy and professionalism? 5 4 3 2 1 NA
12. In your opinion, did the staff member who was working with you appear to possess the necessary skills to competently provide you with your item/s and take care of any issues that arose? 5 4 3 2 1 NA
13. I was given opportunity to participate in decisions regarding my care, and attention was given to what I had to say. 5 4 3 2 1 NA
14. Did your Clinician address all of your questions and concerns to your satisfaction?
5 4 3 2 1 NA
15. Were you given sufficient information on how to wear, clean, use, and care for your brace? 5 4 3 2 1 NA
16. Are you or a caregiver able to put your brace on and take it off? 5 4 3 2 1 NA
17. Overall, I was satisfied with the quality of treatment I received from Ontario Prosthetic Systems. 5 4 3 2 1 NA
18. Would you recommend Ontario Prosthetic Systems to someone who needed our services?
5 4 3 2 1 NA
19. Would you return to Ontario Prosthetic Systems if our services were needed again?
5 4 3 2 1 NA
20. Were you completely satisfied with the overall experience you encountered by our Practitioners and staff during your visit? 5 4 3 2 1 NA
21. Any additional comments / observations? (Please use the back side if more space is needed). 5 4 3 2 1 NA

Thank you for taking the time to participate in our survey. We truly value your opinions