

Your Opinion Matters!

We at Michigan Cornea Consultants are very interested in your opinion of our staff & office.

Please take a few moments to complete this survey.

The date & time of my appointment was:

Date: _____ Time: _____

With Doctor: Dunn
 Heidemann
 Chow

When completed, please fold & drop the form into our "SURVEY" box OR mail the survey back to us – just fold & tape the survey closed (make sure our address is showing), add postage & drop it in the mail.

If you have anything further you would like to bring to our attention, please direct a letter to our "Office Manager".

THANK YOU !!

Please answer the following questions regarding our **"CHECK-IN" RECEPTIONIST**

Receptionist Name: _____

1. Was the receptionist cheerful and pleasant?

Y N
2. If asked, did the receptionist provide helpful information or direct you to the appropriate person?

N/A Y N
3. How long were you in our waiting room before being taken to an exam room by a technician?
_____ **minutes**
4. Unforeseen emergencies sometimes create delays in seeing you at your appointed time. If this occurred, were you advised of the expected wait either by phone or upon arrival?

N/A Y N
5. If you owned a business, would you hire this person?

Y N

IN GENERAL ...

6. When you contact our office by phone, do you feel your call is handled in a professional manner?

N/A Y N
7. Do you feel attempts were made to protect your privacy and the privacy of others?

Y N
8. Was the waiting room clean & neat?

Y N

Please answer the following questions regarding our **TECHNICIANS**

Technician's Name: _____

9. Was the technician cheerful and pleasant?

Y N
10. Did the technician listen carefully to you?

N/A Y N
11. Did the technician conduct herself in a professional manner while working with you?

Y N
12. When directed by the physician, did the tech give you clear and understandable information regarding your disease or medications?

N/A Y N
13. When you contact our technicians by phone do you receive a call back that same business day?

N/A Y N
14. Do you feel your calls are handled in a professional manner?

N/A Y N
15. If you owned a business, would you hire this person?

Y N

Additional Comments:
