

Your Opinion is Valuable

(To better serve you, please take a moment to let us know what you think)

Is this your first time here?	Y	N
Were you greeted with a smile as soon as you stepped through the door?	Y	N
Was the appearance of the office clean and professional?	Y	N
Was the receptionist friendly and courteous?	Y	N
Was the doctor's assistant friendly and knowledgeable?	Y	N
Did the Doctor's assistant explain the preliminary tests before performing them?	Y	N
Did you feel that the Doctor addressed your problems and concerns thoroughly?	Y	N
Did you feel this was the most thorough eye exam you have ever had?	Y	N
Did the staff appear knowledgeable and helpful?	Y	N
Did your frame stylist appear knowledgeable and helpful when making your selections?	Y	N
Did you feel that we offered a good variety/selection of frames? If no, what Frames would you like us to offer? _____	Y	N
Would you recommend a family member or friend? If no, why? _____	Y	N
What did you enjoy best about your visit today? _____ _____		
What did you like least? _____		
What would you like to see done differently at future visits? _____ _____		

(Please rate on scale from 1-5, 1 = worst, 5 = excellent)

How would you rate your experience today? 1 2 3 4 5