

PATIENT SATISFACTION SURVEY

Thank you taking a moment to complete our patient satisfaction survey. All answers will be kept confidential. Your feedback helps us to improve our services and provide you with a better experience. If you would like someone to contact you regarding your answers, please leave your name and phone number. When you are finished filling this out fax or mail to:

**1801 Binz Suite 500
Houston, TX 77004
ATTN: PRACTICE ADMINISTRATOR
Fax number: 713-600-8288**

1. How did you hear about Plaza OB/GYN?

- Physician referral
- Patient/Friend referral Yes No
- Mail/Magazine
- Website/Internet
- Insurance company

2. How long have you been a patient of Plaza OB/GYN?

3. What is your zip code?

4. How old are you? _____

5. How satisfied are you with the scheduling of your appointment?

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Very Unsatisfied
- Extremely Unsatisfied

Comments _____

6. How satisfied are you with the Check In process?

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Very Unsatisfied
- Extremely Unsatisfied

Comments _____

7. How long did you have to wait in the lobby/exam room?

8. What was your appointment time? _____

Arrival time? _____

9. How satisfied are you with the nursing staff?

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Very Unsatisfied
- Extremely Unsatisfied

Comments _____

10. Which physician are you seeing?

- Dr. Isam Balat
- Dr. Rene Luna
- Dr. Ameer Touadrous
- Dr. Chundar Tsai
- Dr. Cindy Bui

11. How much time did you spend with your physician?

12. How satisfied were you with your physician?

- Extremely Satisfied
- Very Satisfied
- Satisfied
- Very Unsatisfied
- Extremely Unsatisfied

13. Overall, were you satisfied with the service you received today?

14. Would you recommend other patients to our office?

Yes No

15. What aspects of your visit did you like the most?

- Location
- Service
- Doctor
- Medical Treatment
- Staff
- Other _____

16. What aspects of your visit did you like the least?

- Location
- Service
- Doctor
- Medical Treatment
- Staff
- Other _____

17. How was your experience with our billing team?

18. How could we improve?

