

Firstcare Orthopaedics, Inc.
Patient Satisfaction Survey

- 1. Was the equipment/service provided in a timely manner? Yes No
- 2. Were you given complete instructions on your equipment/care? Yes No
- 3. Were all your questions answered to your satisfaction? Yes No
- 4. Was the staff courteous, knowledgeable and professional? Yes No
- 5. Were you instructed on who/where to call with questions or problems? Yes No
- 6. Were you satisfied with your equipment/service? Yes No
- 7. Would you recommend our equipment/services to others? Yes No
- 8. Were you given/offered a copy of the patient Privacy Policy and or Medicare Supplier Standards?
Were these documents explained to you? Yes No

9. Please share any comments or suggestions you may have below.

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