

- Did we meet your expectations? *yes*
- How was your interaction with our employees? *yes*
- How satisfied or dissatisfied were you with your visit? *yes*
- How easy or difficult was it for you to schedule an appointment for your visit? *easy*
- How convenient is the office location? *convenient*
- Overall, how would you rate the service you received from the staff at our office? *excellent,*
- Overall, how would you rate the care you received from your provider? *excellent*
- How much do you trust your provider to make medical decisions that are in your best interest? *very much*
- How well did your provider listen to your needs? *extremely*
- How well did your provider answer your questions? *all of them*
- How well did your provider explain your treatment options? *very*
- How well did your provider explain your follow up care? *in great detail*
- How satisfied or dissatisfied were you with the amount of time your provider spent with you addressing your needs? *very, I felt special*
- Is there anything we could have done to improve your visit? *no*

Please write your comment below:

Do you allow us to publish your comments on our website

Yes

No

Email: *lpei.wang@hotmail.com*