

- Did we meet your expectations? *Yes*
- How was your interaction with our employees? *Excellent*
- How satisfied or dissatisfied were you with your visit? *Very satisfied*
- How easy or difficult was it for you to schedule an appointment for your visit? *very easy*
- How convenient is the office location? *very 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 confident*
- How well did your provider listen to your needs? *attentive and empathetic*
- How well did your provider answer your questions? *clearly and properly addressed.*
- How well did your provider explain your treatment options? *clearly.*
- How well did your provider explain your follow up care? *very thorough*
- How satisfied or dissatisfied were you with the amount of time your provider spent with you addressing your needs? *very satisfied, took all time needed.*
- Is there anything we could have done to improve your visit? *Everything was excellent.*

Please write your comment below:

Do you allow us to publish your comments on our website

Yes ✓

No

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