

Wayne Dixon ✓

- Email Address and Name of Patient:
- Did we meet your expectations? 1 2 3 4 **5**
- How was your interaction with our employees? 1 2 3 4 **5**
- How satisfied were you with your visit? 1 2 3 4 **5**
- How easy was it for you to schedule an appointment for your visit?  
1 2 3 4 **5**
- How convenient is the office location? 1 2 3 4 **5**
- Overall, how would you rate the service you received from the staff at our office?  
1 2 3 4 **5**
- Overall, how would you rate the care you received from your provider?  
1 2 3 4 **5**
- How much do you trust your provider to make medical decisions that are in your best interest? 1 2 3 4 **5**
- How well did your provider listen to your needs? 1 2 3 4 **5**
- How well did your provider answer your questions? 1 2 3 4 **5**
- How well did your provider explain your treatment options? 1 2 3 4 **5**
- How well did your provider explain your follow up care? 1 2 3 4 **5**
- How satisfied or dissatisfied were you with the amount of time your provider spent with you addressing your needs? 1 2 3 4 **5**
- Is there anything we could have done to improve your visit? **NO I AM VERY Satisfied.**
- Please write your comment below:

Do you allow us to publish your comments on our website?

Yes  No

How did you hear about us? Please circle below

Google    Yelp    Cardiosmart website    Word of mouth  
Pamphlet/Flyer    Other:

**Physician referral**  
*CITYMD*