



Quality Care Survey

Dear Patient,

The professional quality of your eye care is our concern. It is important to us to be certain that we are providing you with first class care, special, and personal attention.

To accomplish this we need your input. Your concerns and suggestions are important to us. Following your refraction, if you visited our optical dispensary, we ask that you take a moment to share your experience.

As is all of our Doctor/Patient information, your responses are confidential. We need to look at our optical dispensary from your point of view. Maybe we cannot make the delivery of our eye care services perfect - but we want to come as close to perfection as possible for every patient.

Sincerely,

The Staff at Family Eye Group

**After you complete our "Quality Care Survey,"
return it to us in the enclosed reply envelope.**



PATIENT SATISFACTION SURVEY - OPTICAL

Please circle your answers, using the scale of 1 to 5 below.

Please skip questions that do not apply.

① Fell far short of my expectations	② Partially met my expectations	③ Met my expectations	④ Exceeded my expectations	⑤ Greatly exceeded my expectations
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1. When you received your prescription for glasses or contacts, how satisfied were you with the doctor or staff member's explanation about our optical services?

1	2	3	4	5
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2. How acceptable was the amount of waiting time before seeing one of our optical staff members?

1	2	3	4	5
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3. How would you rate the overall service of the optician?

Friendly and courteous?	1	2	3	4	5
Competent and professional?	1	2	3	4	5

4. How would you rate the optician's ability to communicate knowledge to you about optical products?

1	2	3	4	5
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5. How satisfied were you with the selection of frames that were available?

1	2	3	4	5
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6. How would you rate the timeliness of delivery for your glasses?

1	2	3	4	5
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7. How would you rate the quality of the glasses you received?

Frames?	1	2	3	4	5
Lenses?	1	2	3	4	5



PATIENT SATISFACTION SURVEY - OPTICAL

Please circle your answers, using the scale of 1 to 5 below.

①	②	③	④	⑤
Fell far short of my expectations	Partially met my expectations	Met my expectations	Exceeded my expectations	Greatly exceeded my expectations

8. Please rate your overall experience with our optical dispensary.

1 2 3 4 5

9. Would you recommend our optical to your friends?

No Maybe Yes

10. If you chose not to visit our optical dispensary (Optique) but went to another facility, briefly explain your reason below.

ANY ADDITIONAL COMMENTS:

Thank you!