

THANK YOU for choosing **SPINE & NEURO CENTER** for your care.

Our physicians and staff would like to provide you with the best possible service. Please take a moment and complete the following survey so we may better serve you.

Please indicate: 1 (Poor) - 5 (Excellent)

Appointment scheduling process 1 2 3 4 5

Friendliness of the front desk 1 2 3 4 5

Length of wait time 1 2 3 4 5

Friendliness of nursing/clinical staff 1 2 3 4 5

Friendliness of physician 1 2 3 4 5

Time spent with physician 1 2 3 4 5

PHYSICAL THERAPY *(if applicable)*

Overall experience 1 2 3 4 5

Which Physician did you see?

Dr. Murray *Dr. Pickett* *Dr. Johnson* *Dr. Tao*

Dr. Banks *Dr. Anderson* *Dr. White* *Dr. Robinson*

Would you recommend SPINE & NEURO to others?

Yes *No*

How did you select SPINE & NEURO?

Physician Referral *Advertisement*

Friends *Newspaper* *Website*

Comments & Suggestions:

Please leave your name & phone number if you wish to be contacted about your survey:
