

MISSION STATEMENT

Purvis Foot & Ankle Center is committed to providing the best health care for our patients and exceeding patients' expectations.

Patient Satisfaction Survey

We would like to take this opportunity to thank you for choosing us to provide your podiatric needs. If you would please take a moment to complete this survey to help us better serve you. You may return it in the envelope provided. Thank you again.

	Excellent	Good	Fair	Poor
1. The services you received were:	0	0	0	0
2. How do you rate the following?				
A) The Facility	0	0	0	0
B) The Staff				
1) When scheduling appointment.	0	0	0	0
2) At check in / check out	0	0	0	0
3) While in treatment room	0	0	0	0
C) Your Doctor (Purvis / Moyer)	0	0	0	0
D) Anesthesia, if applicable	0	0	0	
E) Instructions for procedure, if applicable	0	0	0	0

3. Please share any additional comments or suggestions: _____

Date: _____ Signature/Optional: _____

*** ALL COMMENTS WILL BE KEPT CONFIDENTIAL ***