

Adult Medicine & Pain Management

1 Pinnacle Place, Ste. 203, Albany, NY 12203
Phone: 518-438-4700, Fax: 518-438-3190

Office Report Card

To help us serve you better, we would appreciate you fill out this report card.

	Low - High
Did we greet you promptly and cheerfully?	1 2 3 4
Was our office neat and clean?	1 2 3 4
How is our magazine selection?	1 2 3 4
How do you like our office decor?	1 2 3 4
Was there adequate parking?	1 2 3 4
Were you seen on time?	1 2 3 4
If we were late, was it explained?	1 2 3 4
Have your phone calls or lab results been returned promptly?	1 2 3 4
Do you like being called by your first name?	1 2 3 4
Were you comfortable during your treatment?	1 2 3 4
Was our staff courteous?	1 2 3 4
Have we answered your questions clearly?	1 2 3 4
Did you understand why particular care was recommended?	1 2 3 4
How well are we responding to your needs?	1 2 3 4
Would you recommend us to your family and friends?	1 2 3 4

As a patient of Dr. _____ I would like to tell him/her:

Date: _____

Thank you for your help and cooperation!

Your name below is optional. If you would like a response, please enter your name and phone number.
