PATIENT SATISFACTION **SURVEY**

BUSINESS FIRST-CLASS MAIL POSTAGE WILL BE PAID BY ADDRESSEE PERMIT NO. 41 FLINT MI

401 S BALLENGER HWY MCLAREN FLINT SPECIALTY CLINICS

FLINT MI 48532-9976





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mclaren.org/flint

DEAR PATIENT,

Your thoughts are very important to us. Please help us provide you with the best care possible by letting us know your thoughts and impressions about our service.

After each statement, please circle the number which reflects your satisfaction / opinion.

5	4	3	2	1
VERY GOOD				VERY POOR

- 1. Ease of getting an appointment
 - 5 4 3 2 1
- 2. Courtesy and helpfulness of the office staff
 - 5 4 3 2 1
- 3. Courtesy and helpfulness of the provider, if applicable
 - 5 4 3 2 1
- 4. Wait time to see the provider, if applicable
 - 5 4 3 2 1
- 5. Cleanliness and comfort of the suite
 - 5 4 3 2 1
- 6. Overall satisfaction with the service provided
 - 5 4 3 2 1

COMMENTS

Thank you for your thoughts and opinions!



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