

Terry C. Lin, D.O. Inc.
 Gastroenterology and Hepatology
 Therapeutic Endoscopy
 2520 Samaritan Drive, Suite 201 B • San Jose, CA 95124
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Patient Satisfactory Survey

Dear Patient;

Our goal is to provide the highest quality treatment in a pleasant and friendly atmosphere. Please help us ensure that we are delivering this type of service by answering this questionnaire. All information will be strictly confidential and will not be attached to your medical records.

Please rate how professional, helpful, friendly and courteous our staff was.

	Excellent	Good	Fair	Poor
Telephone scheduling Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Front Desk Registration Staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Assistant(M.A. who roomed and took Vitals)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Procedure Scheduler	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, did you feel the staff presented themselves in a professional and competent manner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you rate the appearance and cleanliness of our office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how would you rate your experience at Dr Terry Lin's office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you initially hear about Dr Lin? _____

Is there any staff member(s) who you feel deserved special commendation? _____

Please elaborate on any staff member(s) you feel need improvement. _____

Do you have any other suggestions for our overall improvement? _____

Would you recommend us? _____

Additional Comments/Questions _____

Name(optional) _____

Thank you,
Terry C. Lin D.O.