



Patient Satisfaction Survey

Please return completed survey to: 615 S. Vandeventer Ave. St. Louis, MO 63110

Patient's name _____

Date _____

Please answer the following questions by circling "Yes" or "No".

- 1. Was our staff courteous and friendly? Yes No
2. Did your prosthetist address all your questions and concerns to your satisfaction? Yes No
3. Were you given sufficient information on how to wear, clean, and care for your prosthesis? Yes No
4. Are you satisfied with the overall fit of your prosthesis? Yes No
5. Are you satisfied with the overall quality of your prosthesis? Yes No
6. Are you satisfied with the overall function of your prosthesis (ie, how your prosthesis works)? Yes No
7. Have you experienced any falls while wearing your prosthesis that have resulted in an injury requiring medical attention? Yes No
8. Has your prosthesis directly caused any skin breakdown? Yes No
9. Are you or a caregiver able to put your prosthesis on and take it off? Yes No
10. Would you refer a family member or friend to us? Yes No

Please provide additional comments/feedback below:

May we use your comments, first name, and city for marketing purposes? If yes, please initial _____

For office use only: Lower
Invoice # _____
Practitioner/Tech: _____
Outpatient