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In order to provide you with the best services possible, we want to know how well we are doing now and what we might do better from your point of view. Please take a couple of minutes to give us important information in order to assist us in our effort to better serve you. *Grade us using the scale with 1 being poor and 5 being excellent.*

If you would like to add some constructive suggestions or comments, please feel free to do so in the space provided at the end of this questionnaire.

1. How would you rate the ease of patient registration?

1 2 3 4 5

2. How would you rate the courteousness of the staff?

1 2 3 4 5

3. How long did you wait before you were seen by a provider?

0-30 mins 30-60 mins 1-1 1/2 hrs 2 hrs 2 or more

4. Was above waiting time

a. short b. average c. too long

5. Overall, how would rate your experience?

1 2 3 4 5

6. Overall, how satisfied were you with our providers?

1 2 3 4 5

What are we doing especially well? _____

What can we improve upon? _____

Would you recommend us to a friend/family member: _____Yes _____No

*Name of patient

date of visit

*Optional