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### Satisfaction Survey

	very bad	bad	neutral	good	very good
1. Ease of scheduling appointment	1	2	3	4	5
2. Friendliness/courtesy of front desk	1	2	3	4	5
3. Professionalism of nurse	1	2	3	4	5
4. Timeliness of doctor	1	2	3	4	5
5. Doctor explained treatment and answered questions	1	2	3	4	5

What can we do better?

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What are we doing well?

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Your Physician: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_

As always, we thank you for your time and input when filling out this survey. Our office looks forward to hearing your comments.