

Patient Satisfaction Survey
Plastic Surgery Institute, P.A.
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 edwardjlovemd.com

Today's Date: _____/_____/_____

Most Recent Visit: _____/_____/_____

Who were you in the clinic to see? (please check one)

- Dr. Ed Love-Provider
- Kelly Orr-Nurse
- Sunny Matuszyk -Office Administrator
- Liz Clouse-Skin Care Nurse
- Kimberly Jenkins-Aesthetician

For each item identified below, circle the number to the right that best fits your judgment of its quality. #1 is the poorest quality and #5 is the greatest quality.

| | | | | | |
|--|---|---|---|---|---|
| 1. Overall Satisfaction with your visit to Plastic Surgery Institute | 1 | 2 | 3 | 4 | 5 |
| 2. Ease of scheduling your appointment | 1 | 2 | 3 | 4 | 5 |
| 3. Courtesy & helpfulness of person who scheduled your appointment | 1 | 2 | 3 | 4 | 5 |
| 4. Staff's timeliness in returning your calls | 1 | 2 | 3 | 4 | 5 |
| 5. Ease of registration process | 1 | 2 | 3 | 4 | 5 |
| 6. Time spent waiting to be registered | 1 | 2 | 3 | 4 | 5 |
| 7. Courtesy/friendliness of front desk staff | 1 | 2 | 3 | 4 | 5 |
| 8. Comfort/cleanliness of waiting area & exam rooms | 1 | 2 | 3 | 4 | 5 |
| 9. Time spent waiting before going to an exam room | 1 | 2 | 3 | 4 | 5 |
| 10. Courtesy/Sensitivity of nurse | 1 | 2 | 3 | 4 | 5 |
| 11. Time spent waiting in the exam room for Doctor | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| 12. Concern provider showed for your questions and worries | 1 | 2 | 3 | 4 | 5 |
| 13. Instructions provider gave you about follow-up | 1 | 2 | 3 | 4 | 5 |
| 14. Provider spoke to you in a language you understood | 1 | 2 | 3 | 4 | 5 |
| 15. Information provider gave you about your treatment/surgery | 1 | 2 | 3 | 4 | 5 |
| 16. Amount of time provider spent with you | 1 | 2 | 3 | 4 | 5 |
| 17. Your confidence in this provider | 1 | 2 | 3 | 4 | 5 |
| 18. Probability you would recommend this provider | 1 | 2 | 3 | 4 | 5 |
| 19. Availability/accessibility of the center and center's office hours | 1 | 2 | 3 | 4 | 5 |
| 20. Timeliness in scheduling your surgery | 1 | 2 | 3 | 4 | 5 |

Additional Comments:

CONTACT INFORMATION: (This section is optional)

First Name: _____

Last Name: _____

Phone Number: _____

Address: _____

How did you hear about us: _____

After you are done, please return the completed survey to the following address or one of our staff:

Hawkins and Associates
 1 Financial Centre, Ste. 451
 Little Rock, AR 72211

Thank you for your time! You may also complete this survey on our website:
www.edwardjlovemd.com