



Thank you for choosing *Non-Surgical Orthopaedics, P.C.* Your care and comfort is our #1 priority. Please take a few minutes to tell us about your experience so we may better serve you in the future. We appreciate your participation in this survey.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male Female

Are you a new patient or an established patient: New Established

Which Location did you visit: Marietta Canton Carrollton

Name of Provider seen: Dr. Weil Dr. Grasso  
Dr. Epperson Dr. Gemelli

How did you hear about us? \_\_\_\_\_

STAFF / RECEPTION	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
Ease of scheduling your appointment:					
Courtesy of the front office staff:					
Comfort and appeal of the reception area:					
Punctuality of your appointment:					
Ease of checkout:					

CLINICAL STAFF / OFFICE VISIT	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
Courtesy of the nurse / medical assistants:					
Comfort and appeal of the exam room:					
Length of wait in the exam room:					
Concern shown for your problem/injury by the Doctor:					
Explanation of treatment plan:					
Clarity of instructions concerning follow-up care:					
Amount of time the Doctor spent with you:					
Amount of confidence you have in the Doctor:					
Likelihood of recommending the Doctor to others:					

OVERALL SATISFACTION	VERY GOOD	GOOD	FAIR	POOR	VERY POOR
Overall perception of the staff:					
Overall comfort and appearance of our office:					
Overall experience of the care received:					
Likelihood of recommending others to our practice:					

We value your opinion. Please share any area for improvement, comments or suggestions with us: