

MAHMOOD F. MOOSA, M.D.

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***This survey tool is to judge the care and service of Dr. Moosa and his office staff.**

PATIENT SATISFACTION SURVEY

Your input is very essential for improving our services (Confidential & Anonymous)

1. Were you completely satisfied while making **appointments**? YES NO

If no, please explain _____

2. Were you completely satisfied with the way we handled your **phone calls and messages**? YES NO

If no, please explain _____

3. Was the **length of wait before being helped by receptionist** acceptable? YES NO

If no, please explain _____

4. Were you completely satisfied with the **waiting area and clinic facilities**? YES NO

If no, please explain _____

5. Was the **length of wait before being seen by physician** acceptable? YES NO

If no, please explain _____

6. Do you feel the **physician spent enough time** with you during visits? YES NO

If no, please explain _____

7. Were you completely satisfied with the **service provided by the physician** during the visit? YES NO

If no, please explain _____

8. Were you completely satisfied with our **professional appearance**? YES NO

If no, please explain _____

9. Were you completely satisfied with our **professional attitude**? YES NO

If no, please explain _____

10. Were you completely satisfied with **privacy**? YES NO

If no, please explain _____

11. Were you completely satisfied with processing your **billing**? YES NO

If no, please explain _____

12. Please comment on our **overall care/services** (*If you need more space, please use the back of this form*)

This questionnaire is ANONYMOUS; however, if you like to receive feedback, please check the box(s) below.

Yes, I like to receive feedback. My name is: _____.

Please contact me by:

Tel: _____ Email _____ Mail: _____