

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No

Why? _____

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: _____

Date of Exam: 12/5/17

Spectrum Eye C

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No

Why? BECAUSE OF ALL OF THE ABOVE!

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: _____

Date of Exam: 10-24-17

Spectr

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No

Why? Thorough exam w/ very up to date equipment

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: Thank you!

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? Friendly and know what to do
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: 12-6-17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? _____
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: 11/6/17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? _____
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) _____
- Additional Comments: _____

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
 - Were you seen in a timely manner? Yes/No
 - Was your examination thorough? Yes/No
 - Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
 - If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
 - Would you refer a friend to our office for eye care? Yes/No
- Why? I already have, 2 of them
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) _____
- Additional Comments: Great!

Date of Exam: 10/24/17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
 - Were you seen in a timely manner? Yes/No
 - Was your examination thorough? Yes/No
 - Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
 - If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
 - Would you refer a friend to our office for eye care? Yes/No
- Why? FOR THE ABOVE REASONS
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 9
- Additional Comments: _____

(Optional) Name: _____ Date of Exam: 12/14/17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
 - Were you seen in a timely manner? Yes/No
 - Was your examination thorough? Yes/No
 - Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
 - If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
 - Would you refer a friend to our office for eye care? Yes/No
- Why? FOR THE ABOVE REASONS
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 9
- Additional Comments: _____

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No
- Why? Great people and office
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Spectrum Eye -

Date of Exam: 10/26/17

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No
- Why? excellent local service
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: 10/25/17

Spectrum E

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No
- Why? Always friendly + relaxed/Knowledgeable place.
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: Thank you for working w/ me to make appts. work when coming from TX. St.

Date of Exam: 10.24.17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? The staff was child friendly
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: Excellent

Date of Exam: 10-19-17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? _____
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: 10/26/2017

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? Friendly and quick
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: Oct 2, 2017

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No

Why? Your GREAT!

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: I've been coming to you since may 5. You & staff are GREAT!

Date of Exam: 10/11/17

Spectrum E

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No

Why? good eye care

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: Excellent Service

Date of Exam: 10-19-17

Spectrum Eye

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No

Why? _____

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: _____

Date of Exam: 11-12-17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? _____
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: 10-18-17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? Love Spectrum
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: 10-17-17

Spectrum E

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes/No
- Were you seen in a timely manner? Yes/No
- Was your examination thorough? Yes/No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes/No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No
- Why? for the great people + makes you want to go back
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: Next time I need my eyes checked I will definitely go back there

10-18-2017

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No

Why? _____

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: Great staff, state-of-the-art equipment, excellent doctor and good selection of frames!

Date of Exam: 11-13-17

Spectrum Eye Care

We would appreciate your assistance in completing the following questions to help us better serve your eye care needs. Thank you for your time and assistance.

- Was our staff courteous and helpful? Yes No
- Were you seen in a timely manner? Yes No
- Was your examination thorough? Yes No
- Were you satisfied with the explanation of your visual condition and treatment options? Yes No
- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes No
- Would you refer a friend to our office for eye care? Yes No

Why? Professional, courteous

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10

Additional Comments: _____

Date of Exam: 12-14-17