

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? THOROUGHNESS
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

(Optional)
Name: _____ Date of Exam: _____

Spectrum Eye Care

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- 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: _____

(Optional)
Name: _____ Date of Exam: _____

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- 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 YOU GUYS ARE GREAT!
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10!!
- Additional Comments: WAY BETTER THAN MY OLD PLACE!
SO GREAT AND PEOPLE ARE NICE!

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 - 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? All of the yeses
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: March

Spectrum Eye Care

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 - 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: The staff here is great!
Very professional & very friendly

Date of Exam: 1/11/17

Spectrum Eye Care

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- 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 service nice people
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: feel confident with care

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- 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? Very polite & efficient service

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 8

Additional Comments: only coz the 1st visit (which I cancelled) there was a insurance mix up.

Date of Exam: Jan 9 2017

Spectrum Eye Care

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- 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) 7

Additional Comments: Just came to pick out glasses

Date of Exam: _____

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- 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: _____

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- 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? EVERYONE WAS FRIENDLY & PROFESSIONAL

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

Additional Comments: EXAM WELL DONE & QUICKLY
THANK-YOU

Date of Exam: 3-16-17

Spectrum Eye Care

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- 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 SERVICE

How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 9

Additional Comments: _____

Date of Exam: 1/31/17

Spectrum Eye Care

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- 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? VERY HELPFULL

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

Additional Comments: _____

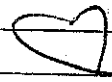
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- Was your examination thorough? Yes/No
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- If fitted with contact lenses or glasses, did the service and quality meet your expectations? Yes/No
- Would you refer a friend to our office for eye care? Yes/No

Why? Yes - I came to you on a friend referral!

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

Additional Comments: 

Date of Exam: 2/26/17

Spectrum Eye Care

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- 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) 7

Additional Comments: _____

Date of Exam: 1/31/17

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- 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? YES

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

Additional Comments: _____

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- 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, fit me in an emergency situation
- How would you rate your overall satisfaction with our office? (10=excellent; 1=poor) 10
- Additional Comments: _____

Date of Exam: 3/25/17

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: Excellent Professionalism.
Thanks!

Date of Exam: 4/9/17

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? Great customer service

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

Additional Comments: _____

Date of Exam: 1-17-17

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: _____

Date of Exam: 1/31/17