Loveland Eyecare, LLC 28 Shunpike Road, Cromwell, CT 06416 860-635-3300

Patient Survey

Your Name: (optional) _____ Age: _____
Name of the Doctor who saw you: _____ Date of Visit: _____

1. Is this your first visit to Loveland Eyecare, LLC?

Yes / No

2. Was our telephone staff courteous and helpful?

Yes / No

3. Was our front desk staff courteous and helpful?

Yes / No

4. Was your technician courteous and helpful, and were all your questions/concerns addressed?

Yes / No

6. Did you find our office comfortable and clean?

Yes / No

7. How long did you have to wait before your testing began?

_____

8. Did your Doctor address your needs and concerns?

Yes / No

9. Was our Optical staff courteous and helpful?

Yes / No

10. Were you asked about interest in sunglasses?

Yes / No

11. If a contact lens wearer, were you offered a year supply and manufacturers rebate?

Yes / No or N/A

12. Did we offer to schedule an exam for any other family members?

Yes / No

13. Overall rating of the care received during your visit (5 being the highest rating)

[5 4 3 2 1]

14. How likely would you be to recommend our practice to others?

1. Definitely will recommend Loveland Eyecare, LLC
2. Likely
3. Not very likely

15. How did you learn of our office or who referred you to us?

16. Do you have any suggestions of comments which might assist LEC to better serve you and others?

___Please check this box if you would like to be contacted by LEC regarding your comments.

Enter Email Address: _____

Telephone Number: _____