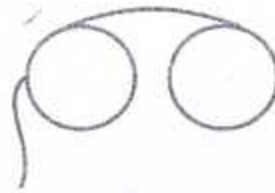


Vision Clinic



Howard A. Foote, O.D. • Michael G. Wallace, O.D.

1379 Flushing Road • Flushing, MI 48433 • 810.659.3135 • Fax 810.659.0024

Patient Satisfaction Survey

It is our goal to provide our valued patients with the most comprehensive vision care possible utilizing the latest technology and resources, without sacrificing the close personal attention you have come to appreciate. We will continue to recommend the finest health and vision care options while providing you the information and tools to choose what is most appropriate for you. Please take a moment to complete the survey below so that we might better serve you and those persons you would recommend us to.

Please select from 1 (the BEST) and 5 (the LEAST) your agreement with the following statements:

When speaking by phone with a Team Member, they were courteous and helpful. _____

When presenting to the office, a Team Member promptly addressed me with a smile. _____

The Team Members were professionally dressed and attentive to my needs. _____

The office appeared neat, professional, and clean. _____

The Technician was knowledgeable and helpful during the pre-testing. _____

The Examination was thorough and all questions were answered. _____

The doctor was personable and addressed all of my needs. _____

The staff explained and offered the latest technological options for excellent care. _____

The total time at the office was appropriate and met my expectations. _____

The product selection for frames, lens types, and/or contacts met my expectation. _____

The costs for services and products met my expectation. _____

I would definitely refer my family and friends for care at Flushing Vision Clinic. _____

Additional Comments: _____

Return by: Fax: 810-659-3135, Email: fvc@flushingvision.com,
or Mail: 1379 Flushing Rd, Flushing MI 48433

NAME: _____