

BIO-MEDIC APPLIANCES, INC.
Patient Service Evaluation Form

You have recently been fit with a prosthesis (artificial limb) or an orthosis (brace). Your satisfaction with our service is important to us. Please take the time to answer the questions below, and feel free to add your own comments.

Name: _____ Device (please circle one): Prosthesis Orthosis

1. When I called the office to schedule an appointment, I was offered an appointment within 2 weeks.
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
2. _____ When I call the facility, my questions are answered courteously and professionally.
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
3. _____ When I arrived at the facility, I was greeted promptly
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
4. _____ I was seen within 15 minutes of my appointment time
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
5. _____ The practitioner who measured / fit my prosthesis / orthosis treated me courteously and professionally.
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
6. _____ I was informed of my financial responsibility at my first appointment
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
7. _____ The practitioner educated me on the proper function, care, use and maintenance of my device, including giving my any pamphlets that may be appropriate.
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
8. _____ I understand how to properly don and doff my device
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
9. _____ My prosthesis / orthosis fits well
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
10. _____ The function of my prosthesis / orthosis is adequate for my needs
1 = Poor 2 = Fair 3 = Average 4 = Good 5 = Excellent n/a = not applicable
11. _____ The practitioner told me to contact **Bio-Medic Appliances, Inc.** immediately if I think there is a

problem with the fit or function of my device(s), i.e. skin problems, looseness or play in any mechanical joints in the device(s), or any wear I observe in straps, materials or any part of this (these) device(s).

Yes No

12. Please provide feedback on any factors you consider to have had an effect on the quality of care received. Any additional comments are also welcomed.

Signature: _____ Date: _____