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Please fill out this short survey so we can better serve our patients. Any and all feedback is encouraged. If any member of our staff has done an outstanding job please list their name and how they have helped. If you have any comments or complaints, please list those as well.

Procedure: Buions removal Date of surgery: 8-9-07

Were all of your questions answered before surgery?  YES  NO

Was the experience at the surgery center pleasant?  YES  NO

Was the surgery virtually painless?  YES  NO

Were you able to get your surgery at a convenient time?  YES  NO

Was the surgical process what you expected?  YES  NO

Would you refer this office to a friend or family member?  YES  NO

What is your overall impression with this procedure? 1 2 3 4 5 6 7 8 9  10  
Poor Excellent

How would you rate your pain level?  0 1 2 3 4 5 6 7 8 9 10  
None Excruciating

Please list any comments, complaints or suggestions as to how we can improve our patients' experience.

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