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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: MAY 30 ~~REPAIR~~ BUNIONS Date of surgery: MAY 30 & JULY 20

Were all of your questions answered before surgery?  YES NO

Was the experience at the surgery center pleasant? VERY  YES NO

Was the surgery virtually painless? UNBELIEVABLE  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? ABSOLUTELY  YES NO  
HAVE REFERRED A NUMBER OF TIMES ALREADY

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.

EVERY THING WAS WONDERFUL DR MOY IS A PERFECTIONIST ERIC - JORDAN & PENNY ARE REALLY HELPFUL & NICE - WOULD RECOMMEND THIS PLACE TO EVERYONE & HAVE AT LEAST 2 PEOPLE ARE COMING OR HAVE ALREADY