Samir Pattni, O.D.
COLLIN CREEK EYE CLINIC
drpattni@collincreekvision.com

Patient Satisfaction Survey

Thank you for choosing our practice for your eye care. Your satisfaction with the services we provide is important to us. Please complete the short survey below and let us know how we might further enhance your experience. Thank you.
Samir Pattni, O.D.

About Our Services

1 Convenience of our office hours	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
2 Ease of ma appointment	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
3 Length of time you waited to see me	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
4 Comfort and cleanliness of our office	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
5 Thoroughness of the care received	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
6 Communication/Quality of time with me	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
7 Friendliness and courtesy of our staff	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
8 Help with understanding your insurance coverage	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
9 Overall satisfaction with your visit to our office	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor

About Your Eyewear

10 Knowledge and assistance of our staff	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
11 Choice of frame styles available to you	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
12 Explanation of costs/insurance coverage	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor
13 Quality of Eyewear (glasses &/or contact lenses)	☐ Excellent	☐ Very Good	☐ Good	☐ Fair	☐ Poor

About You

How many years have you been a patient of our practice?

1st visit 1-3 years 4-6 years 7-10 years 11-20 years 20 years or more

What is your current age?

Under 18 18-24 25-34 35-44 45-54 55-64 65 or over

Are you male female ?

Would you refer a friend to our office for eyecare? ☐ Yes ☐ No

Please include any additional comments about your visit to our office:

☐ I wish to be contacted by Dr. Pattni:

Name

Phone #

e-mail address