

420 Estudillo Ave.
San Leandro, CA 94577
T: 800-339-2733
F: 510-357-6330

Turner Eye Institute



Fax

To: Turner Eye Institute

From:

Fax: 510-357-6330

Pages: 2

Re: Satisfaction Survey

● Satisfaction Survey

At Turner Eye Institute we strive to provide patients with the very best service. Your opinions are extremely valuable because they enable us to continue to provide the highest levels of patient care.

If you're a patient who has recently undergone a procedure at TEI, please take a moment to provide us with your insights and opinions.

If you're a potential candidate, we urge you to return to this section of the site when your procedure is complete.

1. Are you happy with the quality of your vision? _____

2. Would you recommend the procedure to a friend? _____

3. Do you experience glare or haloes at night? _____

4. Did you enjoy the co-management experience? _____

5. How would you rate the Turner Eye Institute? (on a scale of 1 - 5, 5 being the best) _____

6. How would you rate the quality of:

our staff ? _____

our facility? _____

your surgeon? _____

follow-up care? _____

our literature/web site/background information? _____

your overall experience with TEI? _____

7. How/where did you hear about us?

(If referred by a previous patient, please list that patient's name here so that we may thank them.)

8. What made you decide to choose Turner Eye?

9. Did you attend one of our free informational seminars prior to scheduling your initial appointment?

10. Did you visit our web site prior to scheduling your initial appointment?

11. How would you rate your Optometrist?

12. Any other comments or suggestions?

Thank you for taking the time to complete this survey.