

PATIENT SATISFACTION SURVEY

Please circle 1 for the lowest and 5 being the highest

1. Accuracy of our description of the LASIK process

(poor) 1 2 3 4 5 (extremely accurate)

2. Comfort level of the LASIK procedure

(not comfortable) 1 2 3 4 5 (very comfortable)

3. Vision improvement (Is your ability to see without glasses/contacts in line with your expectations?)

(disappointed) 1 2 3 4 5 (exceeded expectations)

4. Professionalism of our office staff and your Laser Vision Counselor

(poor) 1 2 3 4 5 (excellent)

5. Professionalism, confidence and knowledge of Dr. Yankelove

(would not refer) 1 2 3 4 5 (refer with enthusiasm)

6. Would you be willing to be part of our Ambassador program i.e., testimonials, pictures yes

Additional Comments: Was very happy w/ results + professionalism

of the entire office staff. I was very confident
in the ability + knowledge of the Dr. +
staff.