

Verified Reviews®



Please review:

Please circle the following (1 does not meet expectations, 5 exceeds expectations).

Reviewer's overall rating	☹	1	2	3	4	5	☺
Ease of getting appointment	☹	1	2	3	4	5	☺
Helps patient understand condition	☹	1	2	3	4	5	☺
Listens and addresses concerns	☹	1	2	3	4	5	☺
Demonstrates bedside manner	☹	1	2	3	4	5	☺
Office staff is professional and courteous	☹	1	2	3	4	5	☺
Office is clean and comfortable	☹	1	2	3	4	5	☺
Accurately diagnosed condition	☹	1	2	3	4	5	☺
Staff follows up as needed	☹	1	2	3	4	5	☺
Waiting time during visit	☹	1	2	3	4	5	☺
Spends enough time with me	☹	1	2	3	4	5	☺

Approximate wait time _____ minutes.

How long have you been a patient with this doctor? _____ months/years

Comments:

Name (please print): _____

E-Mail: _____

We will not share your email address.

I give my medical provider permission to release my information on this form to Credential Protection. I have a right to revoke this authorization in writing at any time. The information on this form may be released to other parties working with my medical provider. My comments may be shared online unless revoked above. My treatment or payment of my treatment cannot be conditioned on the signing of this form.

Signature: _____ Date: _____

Show first name only Do not share my name