

Retina[®]ssociates.

Dear Patient:

As a recent patient in our office, please help to rate Retina Associates. All responses are anonymous. Please return your comments in the enclosed, stamped envelope. Thank you for your input!

1. Who/What directed you to our office: (Check one or more)

Doctor Your Health Care Plan
 Friend/Family Web Page
 Advertisement

2. How long did you wait, after you completed your paperwork, before being seen by a clinical staff member?

10 Mins or Less **10 - 15 Mins.** **15-30 Mins.** **30+ Mins.**

3. Was your appointment with:

Dr. Watt Dr. Reid Dr. Vu Dr. Syed Dr. Barone Dr. Rogell

Office Location: **Annapolis Bowie Columbia Glen Burnie**
Riverdale Rockville Silver Spring Kent Island

Please rate your level of satisfaction regarding:

4. Our ability to schedule a convenient appointment for you:

(poor) **1 2 3 4 5 6 7 (excellent)**

5. Clear directions to our office:

(poor) **1 2 3 4 5 6 7 (excellent)**

6. The parking facilities:

(poor) **1 2 3 4 5 6 7 (excellent)**

7. Friendliness and courtesy shown by staff:

(poor) **1 2 3 4 5 6 7 (excellent)**

8. Waiting area comfort and cleanliness:

(poor) **1 2 3 4 5 6 7 (excellent)**

