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### PATIENT SATISFACTION SURVEY

Provider Name \_\_\_\_\_ Date \_\_\_\_\_

In an effort to continuously improve our services; please take a few minutes to complete our survey  
*Please rate each item on a scale from 1 – 5*

1 = Strongly Disagree      3 =Somewhat Agree      5 = Strongly Agree  
2 = Do Not Agree          4 = Agree                      N/A= Not Applicable (You did not have this service and cannot rate it)

- 1. Our customer service staff was professional, courteous and polite?      N/A 1 2 3 4 5
- 2. Your delivery arrived at your home within the promised time frame?      N/A 1 2 3 4 5
- 3. Your order was complete when you received it?      N/A 1 2 3 4 5
- 4. You received clear, detailed instructions on how to correctly use, clean and care for your prosthetic, orthotic and/or medical equipment?      N/A 1 2 3 4 5
- 5. Our delivery staff was respectful of your home and belongings?      N/A 1 2 3 4 5
- 6. We were able to supply all of the products/services you require?      N/A 1 2 3 4 5
- 7. You were given instructions on how to reach us during and after office hours?      N/A 1 2 3 4 5
- 8. You are aware of all of the products and services we provide?      N/A 1 2 3 4 5
- 9. You would refer us to your family/ friends for medical supplies and/or equipment services?      N/A 1 2 3 4 5

If there is anything you want to tell us on how we can improve our service(s), please let us know:

**Optional:** Patient Name/Contact Information:  
  
Would you like Integra to follow up with you?