

Office Use Only:

Patient MR#: _____

Dear Patient,

In order to improve your experience at L.V. Prasad Eye Institute, please take a moment to fill out the survey below. Thank you for your cooperation.

1. What time did you arrive at L.V. Prasad today?
2. How much longer do you expect to be at L.V. Prasad today?
 - Less than 3 hours
 - Half day (3~5 hours)
 - Full day (More than 6 hours)
3. Did you try to make an appointment for this visit?
 - Yes
 - No
4. If you answered Yes to question 3, how did you try to make an appointment.
 - In-person
 - Phone
 - Mail/FAX
 - Email
5. If you tried and failed to make the appointment, tell us why?
 - Unanswered call
 - Unanswered e-mail
 - Unanswered mail / FAX
 - Rerouted to walk-in clinic
 - Other: _____
6. If you answered No to question 3, why?
 - Emergency
 - Preferred doctor was unavailable
 - Unaware of appointment option
 - Preferred time was unavailable

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