

HOW DID WE DO?

Thank you for allowing us to provide your foot & ankle care. We would appreciate it if you would take a minute to complete this questionnaire. Your honest evaluation will enable us to make whatever improvements are needed to better serve our patients.



G. Adam Shapiro, DPM, FACFAS
*Diplomate, Am. Board of Podiatric Surgery
Board Certified in Foot Surgery*
Joe K. Ades, DPM
Podiatric Foot & Ankle Surgeon

SCALE:

1 2 3 4 5
Poor Below Average Average Good Excellent

How would you rate our practice in the following areas (using the scale above):

- | | | | | | |
|--|-----------------------|---|---|---|---|
| 1. Care provided by the doctors | 1 | 2 | 3 | 4 | 5 |
| 2. Care provided by the medical assistant(s) | 1 | 2 | 3 | 4 | 5 |
| 3. Willingness of doctors and staff to answer your questions | 1 | 2 | 3 | 4 | 5 |
| 4. Explanation provided concerning your treatment options | 1 | 2 | 3 | 4 | 5 |
| 5. Follow up care provided | 1 | 2 | 3 | 4 | 5 |
| 6. Attitude of the receptionist | 1 | 2 | 3 | 4 | 5 |
| 7. Amount of time spent waiting | 1 | 2 | 3 | 4 | 5 |
| 8. Convenience of office hours | 1 | 2 | 3 | 4 | 5 |
| 9. Convenience of our office locations | 1 | 2 | 3 | 4 | 5 |
| 10. Appearance and comfort of our office | 1 | 2 | 3 | 4 | 5 |
| 11. Help with answering billing questions | 1 | 2 | 3 | 4 | 5 |
| 12. What overall rating would you give our practice? | 1 | 2 | 3 | 4 | 5 |
| 13. Would you recommend us to someone else? | _____ Yes _____ No | | | | |

Date Seen: _____

Additional Comments: _____

Thank you,

Dr. Adam Shapiro
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