

JOSE G. VELIZ MD, INC.

Diplomate of the American Board of Interventional Pain Management
Diplomate of the American Board of Anesthesiology
Diplomate of the American Board of Pain Medicine
Fellow of Interventional Pain Practice



Patient Satisfaction Survey

Date _____

We would sincerely appreciate your taking a few moments to express your opinions.

1. Was the person who answered your phone calls friendly, helpful and interested? Yes No N/A

2. Was the office easy to find and inviting from the exterior with adequate parking?

Yes No N/A

3. Was the office staff pleasant and helpful when you arrived at the facility?

Yes No N/A

4. The physician, was he understanding, patient, and caring?

Yes No N/A

5. Were the following areas clean and comfortable?

Reception area Yes No N/A

Examining rooms Yes No N/A

Bathrooms Yes No N/A

6. Were the instructions you received for your care at home satisfactory?

Yes No N/A

7. Would you recommend our services without hesitation?

Yes No N/A

Comments _____

(Use the back of this page for additional comments)