

Dear Patient:

Please rate us regarding your recent visit to Shore Orthopaedic University Associates.

Leave your responses at the reception desk or mail. Thank You!

Office Visited: Somers Point _____ Mays Landing _____ Galloway _____ Cape May Court House _____

Physician Seen: Dr. McCloskey ___ Dr. Zabinski ___ Dr. Voit ___ Dr. DeMorat ___ Dr. Islinger ___ Dr. Alber ___ Dr. Barrett ___ Dr. Fox ___

	Excellent	Good	Needs Improvement	Poor
1. Ease Of Making An Appointment	_____	_____	_____	_____
2. Cleanliness Of Office	_____	_____	_____	_____
3. Length Of Time In Waiting Room	_____	_____	_____	_____
4. Courtesy Of Office Staff	_____	_____	_____	_____
5. Insurance Questions Answered	_____	_____	_____	_____
6. Doctor Explained Condition And Treatment	_____	_____	_____	_____
7. Doctor Answered Questions And Concerns	_____	_____	_____	_____
8. Office Returned Calls Regarding Medical Questions	_____	_____	_____	_____
9. Likelihood You Would Return For Treatment In Future	_____	_____	_____	_____
10. Likelihood You Would Recommend Our Office To Others	_____	_____	_____	_____
Overall Rating Of Visit(s):	_____	_____	_____	_____

Which Staff Member Helped You In A Special Way? _____

Please Describe Experience _____

Additional Comments: _____

(Not Required) Name: _____ (Not Required) Phone Number: _____

**710 Center Street
Somers Point, NJ 08244**

Place
Stamp
Here



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Somers Point, NJ 08244**