

# Arizona Reproductive Medicine Specialists

Edwards Medical Plaza, Suite 520  
1300 North 12<sup>th</sup> Street  
Phoenix, AZ 85006  
(602) 343-2767 ♦ Fax: (602) 343-2766

## Patient Satisfaction Survey

### 1. Overall Rating:

Excellent  Very Good  Good  Fair  Poor

### 2. Please rate the physician you were seen by: (Circle Physician's Name) Moffitt Faber Mattox

Excellent  Very Good  Good  Fair  Poor

How were you treated by our front office? (Circle) Felicia Cheryl Michelle P Penny Michele T Dave

Excellent  Very Good  Good  Fair  Poor

If you were seen by a nurse: (Circle Nurse's Name) Jana - Mary Young - Navada - Shelly - Evelyn

Excellent  Very Good  Good  Fair  Poor

If you were seen by medical assistant: (Circle M. A.'s Name) Maria - Claudia - Lainie - Mary Assaf

Excellent  Very Good  Good  Fair  Poor

Comments: \_\_\_\_\_

### 3. Please rate the following aspects of your visit:

Were you seen at your scheduled time?  within 15 min.  16 – 20 min.  21 - 25 min.  26 – 30 min.  over 30 minutes

How well were your questions answered?  Excellent  Very well  Good  Fair  Poor

Your treatment options clearly explained?  Excellent  Very well  Good  Fair  Poor

Front office staff was helpful & friendly?  Excellent  Very good  Good  Fair  Poor

Appearance & Cleanliness of Office?  Excellent  Very good  Good  Fair  Poor

Comments: \_\_\_\_\_

### 4. Has all of staff been courteous and helpful? Yes No (If no, please explain)

### 5. Are your phone calls to our nursing staff returned by the next business day? Yes No

### 6. Are your calls to our administrative staff returned by the next business day? Yes No

### 7. If no, who has not been returning your calls? \_\_\_\_\_

### 8. Have any staff members been exceptionally courteous or helpful? (Please give names) \_\_\_\_\_

### 9. Has any staff member not performed well in your opinion? (If yes, please explain who and why) \_\_\_\_\_

### 10. In one or two sentences, what would you tell a friend or colleague about your experience with ARMS if they asked you for a recommendation?

### May we use your opinions in our literature? Yes No

### 11. Additional comments on what we could do differently or better? \_\_\_\_\_

### 12a. If asked, would you refer a friend or colleague to ARMS so that we might offer our services to them?

Yes  No Comments: \_\_\_\_\_

### 12b. Can you think of anyone who might be interested in our services? If yes, we would appreciate it very much if you would give them our brochures or one of our business cards.

**13. (Optional) If you would like us to contact you to follow-up on any of your comments, please provide us with your name and phone number that we may reach you at and we'll be sure to contact you as soon as possible.**

**Name:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

Thank you very much for taking the time to complete this survey.  
We value your comments and suggestions.

Sincerely,



Drew V. Moffitt, MD  
Co-Medical Director



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**A R M S**  
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