

**Tri-State Otolaryngology, Head & Neck Surgery, Inc.**  
**#3 Stonecrest Drive**  
**Huntington, WV 25701**  
**304-522-6388**  
**Fax: 304-522-8040**

DATE: \_\_\_\_\_

Dear Patient,

Your opinions are important to us. Our physicians and staff are committed to providing the highest possible level of medical care and courteous service to our community...and we need to know what we're doing right and what we could be doing better. Please try to return this form within 5 days. If you have any questions or comments before then, please call me personally: Michelle Lycans, Practice Administrator, 304-522-6388. Use the following scale to rate each item. Please mark only one for each statement.

POOR-1      FAIR-2      ACCEPTABLE-3      GOOD-4      EXCELLENT-5

HIGHEST RATING-5

1. Which physician did you see? \_\_\_\_\_
2. Office location and parking convenience  
1    2    3    4    5
3. Answering and handling your phone calls  
1    2    3    4    5
4. Seeing you promptly for appointments  
1    2    3    4    5
5. Office décor and furnishing  
1    2    3    4    5
6. Courtesy/knowledge shown to you by the staff  
1    2    3    4    5
7. Courtesy and personal interest shown to you by your doctor  
1    2    3    4    5
8. Overall quality of care and service by your doctor  
1    2    3    4    5

9. Overall performance of our answering service

1    2    3    4    5

10. Payment and billing policies explained adequately

1    2    3    4    5

11. Please tell us what you especially like about our practice.

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12. Is there anything about us you wish we'd change?

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13. Are there any services you've noticed at other practices that you'd like us to offer?

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14. Are we in your insurance network? \_\_\_\_\_

15. What was the result of your treatment? \_\_\_\_\_

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COMMENTS: \_\_\_\_\_

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Patient/Guardian Name (Optional) \_\_\_\_\_

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Thank you for sharing your opinions and ideas with us. When you come to our office and discover that we're "even better than we used to be"... you'll know that you are one of the reasons why!

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