

Patient (optional): _____ Certified Orthotic Fitter: _____

Bluegrass Bracing, Inc. Patient Satisfaction Survey

Please complete the following survey pertaining to your experience with Bluegrass Bracing, Inc. as your bracing and rehab equipment provider then mail it back to our office in the envelope provided. For anonymous complaints, please call our Business Director at the toll-free number listed at the bottom of this page. Thank you for the opportunity to serve you and hear your input!

1. How easy was it to schedule an appointment with your Certified Orthotic Fitter?

Extremely Easy Easy No Comment Difficult Very Difficult

2. How satisfied were you with the amount of time it took to fill your order?

Extremely Satisfied Satisfied No Comment Dissatisfied Very Dissatisfied

3. How would you rate your Certified Orthotic Fitter's overall quality of service?

Excellent Good No Comment Below Average Poor

4. Were your questions and concerns addressed to your satisfaction at the time of your fitting?

Absolutely Yes For the Most Part No Comment Not Really Definitely Not

5. Do you feel you understand how to use your equipment safely and effectively?

Absolutely Yes For the Most Part No Comment Not Really Definitely Not

6. Did your Certified Orthotic Fitter leave a contact name and number in the event of questions or concerns?

Yes No

7. Do you feel you received honest and respectable service from Bluegrass Bracing, Inc. office employees?

Absolutely Yes For the Most Part No Comment Not Really Definitely Not

8. How would you rate your overall experience with Bluegrass Bracing, Inc.?

Excellent Good No Comment Below Average Poor

9. Would you recommend Bluegrass Bracing, Inc. to another patient in need of bracing or rehab equipment?

Yes No

Please add any additional comments: _____

