

**O & P Services Inc**  
**Custom Prosthetics and Orthotics**  
**CUSTOMER SURVEY**

You have recently been fit with a Prosthesis (artificial limb) or an Orthosis (brace). Your satisfaction with our service is important to us. Please take time to answer the questions below and feel free to add your own comments.

1. Was waiting room and treatment room well maintained?

- Excellent  Very Good  Good  Fair  Poor  Unable to rate

2. Did staff treat you in a courteous and professional manner?

- Excellent  Very Good  Good  Fair  Poor  Unable to rate

3. Was service provided in a timely manner?

- Excellent  Very Good  Good  Fair  Poor  unable to rate

4. Did you receive complete instructions on the proper use, care and maintenance of your device?

- Yes  No

5. Do you understand how to put on your device?

- Yes  No

Comments \_\_\_\_\_

6. Considering its limitations, does the device fit well?

- Yes  No

Comments \_\_\_\_\_

7. Did the practitioner advise you to contact this office immediately if you think there is a problem with the fit or function of your device, any questionable areas, skin discoloration, or any wear you observe in straps, material or any part of the device/s?

- Yes  No

8. Did the office staff answer all your questions concerning billing and payment responsibilities?

- Yes  No

9. Based on the product and services you received would you recommend O & P Services, Inc. to your friends and relatives?

- Yes  No

PLEASE NOTE: Do Not let a blister or break in the skin develop.

AdditionalComments \_\_\_\_\_

Device \_\_\_\_\_ Reviewed By \_\_\_\_\_