

**Maryland Brain & Spine**  
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*www.mdbrainandspine.com*

*email responses to [info@mdbrainandspine.com](mailto:info@mdbrainandspine.com)*

Dear Friend:

We sincerely hope that you are doing well. In order to improve our service to you and others, we would appreciate you taking a moment to provide us with feedback by completing the questionnaire below. Please check off the appropriate box that best describes the care you received. You can hand in, mail, fax, or email your response to us.

Today's Date: \_\_\_\_\_ Your Name (Optional): \_\_\_\_\_

Surgeon You Consulted With: \_\_\_\_\_ Date of First Visit: \_\_\_\_\_

		Very			
	Excellent	Good	Good	Fair	Poor
Facility Appearance					
Ease of Registration Process					
Courtesy of Office Staff					
Did Office Communicate Well With You					
Wait Time to Get Appointment					
Wait Time To Be Seen in Office					
Was Physician Attentive to Your Needs					
Physician Communication of Diagnosis and Treatment Options					
Follow up Procedure For Your Visit					
The Overall Quality of Care You Received ?					
Would You Recommend Us To A Friend/Relative?		Yes		No	

We would appreciate an additional comments or suggestions you may have:

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