

Patient Survey

Our goal is exceptional quality, exceptional service, all the time. It is important to us that you are happy with your services. In an effort to continually improve, we ask that you take the time to complete our survey. If you have any concerns that you would like to address with the Office Manager, please do not hesitate to call the office at (301)698-5208.

- How did you hear about our office?
- What was the purpose of your visit?

Please rate your experience in our office:

Poor Fair Good Great Excellent

First impression of our office over telephone:

Ease of setting your appointment:

Greeting by our staff when you arrived:

Cleanliness of the office environment:

Length of time you had to wait before appointment:

Friendliness of office staff:

Degree to which your concerns were addressed by Dr. Pitts and/or staff:

Did you feel the decisions/recommendations made were in your best interest:

Quality of service performed:

Attentiveness to your comfort:

Ease of checking out after the appointment:

Explanation of insurance benefits and financial arrangements available:

Explanation of how to prepare for surgery appt.:

What did you like best about our office?

Do you have any suggestions for our office?

How likely are you to recommend us to friends or family? Not likely Maybe Absolutely