

**L.O. Eye Care Patient Survey – Doctor Review:**

During your (date) visit, your care was provided by (Doctor). Please answer the following questions with that doctor in mind.

**1. Please answer the following questions with (doctor’s name) in mind:**

	Very Poor	Poor	Fair	Good	Excellent
Friendliness/courtesy of the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The listening skills of the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The doctor clearly communicated the diagnosis and plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your confidence in this doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likelihood of your recommending this doctor to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Comments regarding this doctor.**

Please note: L.O. Eye Care is committed to posting both positive and negative comments received through this survey on their website. However, they will not post comments that are a risk to patient privacy, libelous, slanderous, profane, irrelevant, or otherwise inappropriate. All comments will be posted anonymously.