



P O Box 476 Elkin NC 28621
Phone/Fax (800) 975-6321

Patient Satisfaction Survey

Thank you for allowing us to play a role in your healing process. We strive to ease the stress and complications that can be present when dealing with wound care. Providing the essential supplies needed for full recovery in an accurate and timely manner is our goal. Your feedback enables us to continuously assess and improve our services. Please take a moment to complete this form and return it, when available in the self-addressed stamped envelope.

- 1. Needs Improvement
- 2. Good
- 3. Excellent

Office staff is knowledgeable about wound care products.

1 2 3 Comments: _____

Office staff is personable and professional.

1 2 3 Comments: _____

Shipments received are timely and accurate.

1 2 3 Comments: _____

Questions and concerns are addressed promptly.

1 2 3 Comments: _____

Any additional comments are appreciated

Would you like a Prism Team Member to contact you regarding any concerns? Yes _____ No _____

Patient's Name _____ DOB _____

Caregiver/Relative Completing Survey _____

Office Use Only
Survey Evaluation _____
