Dear Patient,

Verv

We want to know how we are doing in *your* eyes. We want to find out what you like and what you don't like about our company. If you will take a quick moment to fill out this easy survey, we will reward you with \$50.00 toward any service we provide. *Survey must be received at our office within 1 month to receive \$50.00 certificate.

DIRECTIONS: After each question, please write the number corresponding to the answer that best reflects your opinion. *Put N/A if not sure on not applicable.

Verv

Dissa	atisfied		Sa	atisfied						
1	2	3	4	5						
1.	How	satisfie	d are	you wit	h the fol	lowing asp	pects c	of <i>Har</i>	mony .	Eyecare?
	a.	On tin	ne							
	b.	Courte	eous							
	c.	Qualit	y of	job/prod	uct					
	d. Responsiveness to your special requ									
	e.	Respo	nsive	eness to j	problem	5				
	f.	Teleph	one	courtesy						
	g.	Respo	nsive	eness of	office sta	aff				
	h.			vailabili	-					
	i.	Amou	nt of	informa	tion offe	red				
	j.	Overa	ll pei	rformanc	e					
	k.	Payme	ent o	ptions						
	1.	Our re	puta	tion						
	m.	Our ex	kperi	ence						
	n.	Our gu	ıarar	itee						
2.	What	do you	like	MOST a	about <i>He</i>	armony E _l	vecare	?		

Turn page over...

3. What do you like LEAST about <i>Harmony Eyecare?</i>
4. After using our service, are you more or less likely to use us again?
a. Less likely b. More likely
5. After using <i>Harmony Eyecare</i> , are you less or more likely to refer someone to us? a. Less likely b. More likely
Additional Comments:
Name (optional)
*Identification required to receive \$50.00 in services/products
Telephone number
May we use your testimonial for promotional purposes? Yes No
Signature

- 3 Easy Ways to Return This Form: (send by date to get \$50.00 certificate)
 - 1. FAX: **970-226-0962**
 - 2. Mail: Harmony Eyecare, 181 West Boardwalk, Suite 201, Fort Collins, CO. 80525
 - 3. e-mail: **dhkisling@gmail.com** (in your e-mail ask for SURVEY and we will reply with an electronic survey for you to fill out)