



# GEORGIA BRACE & SPINE

Please take moment to complete this survey so we may better serve our patients.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Product(s): \_\_\_\_\_

Please Circle **YES** or **NO**

Were you contacted in a timely manner? **YES** or **NO**

Was the product delivered in a timely manner? **YES** or **NO**

Was the delivery a positive one? **YES** or **NO**

Were you given a copy of HIPPA notice of privacy? **YES** or **NO**

Were all of your questions and concerns answered to your satisfaction **YES** or **NO**

Did the representative leave contact information in case you had questions **YES** or **NO**

Please add any comments you may have about Georgia Brace & Spine:

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Georgia Brace and Spine believes in our patient care and it matters what you think. Your comments and answers improve the quality of service we can provide to better serve out patients needs