

Customer Satisfaction Survey



Flex Orthopedic Services, L.P.
440 Benmar Drive
Houston, TX 77060

Thank you for being a valued customer, your opinion is important to us. Completion of this survey will help us improve our services.

1. Did the equipment/supplies arrive in good working order & with a clean neat appearance?

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

2. Did your medical equipment supplies arrive at the scheduled delivery time?

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

3. Were delivery personnel/Ortho Technician knowledgeable about your equipment/supplies?

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

4. Were you adequately instructed in the use & care of the equipment to allow you to comfortably use your equipment/supplies?

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

5. Was our staff and service personnel friendly, professional & courteous?

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

6. Have all questions regarding payment or billing been handled to your satisfaction?

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

7. *Has the medical equipment or supplies performed as expected?*

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

8. *Has our customer service staff helped you in a timely courteous fashion?*

Not Applicable Not Satisfied Somewhat Satisfied Very Satisfied

Comments / Testimonial:

Thank you very much for taking the time to complete this survey. Your feedback is valued and very much appreciated!

NAME: _____

DATE: _____