



Patient Satisfaction Survey

In an ongoing effort to improve patient care and satisfaction, Pulmonary Medicine Associates is inviting you to participate in our Patient Satisfaction Survey. To help us achieve our goals, please take a few minutes to complete and return this questionnaire. Your opinion matters to us!

Please check the box next to your response

PMA Clinic

236 w 6th St. Ste 100 Reno, NV 89503
Phone: (775) 329-9010 Fax: (775) 329-4899

PMA Sleep Center

601 S. Arlington Ave. Reno, NV 89509
Phone: (775) 329-1727 Fax: (775) 329-4016

- Andrews Bacon Baez De Los Santos Denney Floreani Handke
- Jackson Mashour Richeson Smith Szot Morrison, APN Wolff, APN

Date of Exam : _____	EXCELLENT	GOOD	FAIR	POOR	N/A
Assistance of staff when scheduling an appointment					
Ability to schedule for the time you desired					
Ability to schedule with the physician you desired					
Courtesy of office staff					
Courtesy of clinic staff					
Courtesy of x-ray staff					
Courtesy of billing staff					
Wait time to see physician					
Prompt notification when your doctor was delayed					
Physician response to your questions at time of visit					
Physician concern for patient					
Physician time spent with patient					
Referral process if required					
Comfort of waiting area					
Convenient office hours					
Convenient parking area					

What do you feel is a reasonable waiting period?

- 5 – 10 minutes 15 – 20 minutes 30 – 40 minutes Other _____

What services would you like PMA to add? _____

Would you recommend Pulmonary Medicine Associates to a friend or relative?

- Yes No

If no, why? _____

Comments or suggestions: _____

Name (optional): _____

Thank you for taking the time to share your thoughts with us.