



**SOUTHERN  
JOINT  
REPLACEMENT  
INSTITUTE**

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Please put a "√" or "X" in the applicable box.*

Physician/Physician Extender treating you today:

Michael J. Christie, MD

David K. DeBoer, MD

Jeffrey T. Hodrick, MD

J. Craig Morrison, MD

Martha Brinson, FNP

Karen Chiu, APRN-BC

Jennifer Weber, GNP

Contessa Wood, PA-C

Comment/Suggestions:

---



---



---



---



---

*Please put a "√" or "X" in the applicable box.*

**A. Your Appointment**

1. Your calls answered promptly and professionally
2. Availability of appointments
3. Length of time spent in waiting room
4. Signage and directions easy to follow
5. Cleanliness and comfort of waiting room

A.	Excellent	Good	Poor	N/A
1.				
2.				
3.				
4.				
5.				

**B. Our Staff**

1. The courtesy of the receptionists
2. The courtesy of the X-ray technician
3. The professionalism of our insurance/billing staff
4. The professionalism of our staff in general

B.	Excellent	Good	Poor	N/A
1.				
2.				
3.				
4.				

**C. Your Visit with the Physician or Physician Extender**

1. Time spent with your physician
2. Time spent with the nurse
3. Time taken to answer your questions
4. Diagnosis and explanation of problem
5. Explanation of treatment options

C.	Excellent	Good	Poor	N/A
1.				
2.				
3.				
4.				
5.				

**D. Your Overall Satisfaction with**

1. Our practice
2. Our staff
3. The quality of care
4. Your experience overall

D.	Excellent	Good	Poor	N/A
1.				
2.				
3.				
4.				

**E. Would you recommend our practice to others?**

Yes

No