



Petsch Respiratory Services

CALL US – RELAX – BREATHE EASIER

104 S. Belair Road #8

Martinez GA 30907

PHONE 706-863-6252 FAX 706-863-2337

www.petschrespiratory.com

Customer Service Evaluation

Dear Customer:

Thank you for giving us the opportunity to service your needs. Our goal is to provide you with quality products and quality care, in order to do so we need your help.

Please take a few minutes to complete this questionnaire to let us know how we are doing.

Patients Name: _____

Please insert a number from 1 to 5 with 1=poor, 2=fair, 3=good, 4=better, 5=excellent after each question below:

1. How would you rate the overall quality of our services? _____
2. How would you rate the quality of our products and equipment? _____
3. How would you rate the knowledge of our people? _____
4. How would you rate the instructions you received on the use of the equipment? _____
5. How would you rate the instructions you received on the safe handling of the equipment? _____
6. How would you rate the instructions you received on the emergency procedures if needed? _____
7. How would you rate the information explained on the billing and paperwork procedures? _____
8. How would you rate the timeliness on the delivery and arrangements made for delivery? _____
9. How would you rate the ability of our staff to make you feel comfortable with the equipment? _____
10. How do we rate against your expectations of a home medical equipment supplier? _____

--Please use the lines below for any suggestions or comments you would like to add--

We hope you will recommend **Petsch Respiratory Services** to others.

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Once completed you may: give it to an employee, mail it to or drop it off at: Petsch Respiratory Services

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Office Hours M-F 8:30am-5:00pm
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Compliment / Complaint Form

Any complaints will be addressed and investigated, and you will receive a verbal or written response from someone promptly. We appreciate compliments and welcome suggestions on how we can better serve you, our community and other patients as well. **Thank you for your time.**

Patients Name: _____

Address: _____

City, St. Zip: _____

Telephone: _____

Person reporting if other than patient: _____

Date of occurrence: _____

Complaint, Compliment or Suggestion: _____

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(The below section to be completed by Petsch Respiratory Services)

Follow up Action: _____

Final Disposition: _____

Reviewed by: _____ Date: _____