



South Jersey Eye Associates, P.A.

Eyecare At Its Best

Tell Us What You Think About SJEA!

OPTOMETRY
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OPHTHALMOLOGY
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We are always looking for ways to improve the quality of our services at South Jersey Eye Associates. To do so, we need to know what you think. Kindly take just a few minutes to fill in this post-visit survey.

Please be assured that, unless you choose to identify yourself, your answers will remain anonymous, and that we don't require personal identification information from you. If you choose to identify yourself and provide an email address, you will be entered into a quarterly drawing to win a \$50 eyewear gift certificate redeemable at South Jersey Eyewear, a division of South Jersey Eye Associates.

Mr. Miss Mrs. Ms.

Male Female

First Name _____ MI _____ Last Name _____

Phone Number _____ Email Address* _____

*Only to be used for SJEA communications and will not be shared with third parties.

SATISFACTION

Please rate SJEA, using a scale of 1 to 5, with "1" being the least satisfied and "5" being the most satisfied.

Scheduling your appointment:	1	2	3	4	5
Appearance of our office:	1	2	3	4	5
Your wait time:	1	2	3	4	5
Service provided by the pre-testing staff:	1	2	3	4	5
Performance of your eye doctor:	1	2	3	4	5
Service provided by the contact lens staff:	1	2	3	4	5
Service provided by the eyeglass staff:	1	2	3	4	5
Information on vision correction options:	1	2	3	4	5
Instructions on follow-up care:	1	2	3	4	5
Overall satisfaction with SJEA:	1	2	3	4	5

Please rate SJEA, using a scale of 1 to 5, with "1" being the least likely and "5" being the most likely.

Would you visit SJEA again?	1	2	3	4	5
Would you recommend SJEA to others?	1	2	3	4	5

What can we do to improve your overall experience at SJEA? _____

Thank you for your time.