Referring Physician Survey

Valley Orthopedic Associates (VOA) appreciates your patient referrals. So that we are able to continue meeting the needs of our referring physicians and their patients, please take a few minutes to answer the following survey. Thank you for your time.

1. I can schedule my patients with a VOA physician within 72 hours (Circle one)
   a. Strongly Agree    b. Agree    c. Neither Agree or Disagree    d. Disagree    e. Strongly Disagree

2. I am able to easily reach VOA when needed to discuss a patient
   a. Strongly Agree    b. Agree    c. Neither Agree or Disagree    d. Disagree    e. Strongly Disagree

3. Overall, my patients seem to experience good outcomes with VOA
   a. Strongly Agree    b. Agree    c. Neither Agree or Disagree    d. Disagree    e. Strongly Disagree

4. I receive consultation reports from VOA in a timely manner
   a. Strongly Agree    b. Agree    c. Neither Agree or Disagree    d. Disagree    e. Strongly Disagree

5. How do you prefer to be contacted about your patients?
   a. Phone    b. Pager    c. Fax    d. E-mail    e. Regular mail

6. Would you appreciate receiving regular information about the latest orthopedic treatments and procedures?
   a. Yes    b. Maybe    c. No

7. If you answered yes to number 6, how would you prefer to receive this information?
   a. Regular mail    b. Fax    c. E-mail alert to access information at www.valleyorthopedicassociates.com

Please provide your mailing address, fax number or e-mail address below:

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