

Review Form

We use Angie's List to assess our performance and keep valued patients like you happy. Please fill out this review form in order to grade our practice's quality of patient care. You can also visit AngiesList.com/Review or call **1-888-888-LIST (5478)** to submit a review right over the phone!

About Angie's List

Over one million members nationwide use Angie's List to rate their experiences in more than 500 service categories on an A – F grading scale. And unlike other review sites, Angie's List does not accept anonymous reviews.

Membership Benefits

Get access to AngiesList.com and see member ratings, submit your own reviews and receive exclusive discounts from local businesses.

Members also get our monthly magazine filled with home and health-related articles created to keep you and your family informed.

“Angie's List is more reliable than (free) review sites. I think it's great that people can use it for medical referrals!” — Joan L., San Jose

Angie's list.
Health + Wellness

Your Information

(E-mail and personal information required for report confirmation)

Name: _____
 Phone: (_____) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 E-mail: *(required)* _____

Health Provider Information

Health Provider Name: _____
 Phone: (_____) _____
 Address: _____
 City: _____ State: _____ Zip: _____

Health Provider Review

Did the health provider perform services? Y N
(as opposed to just an estimate, phone call for information, etc.)

Approximately how much did you spend? \$ _____
 Approximate service date: _____

Please describe (in detail) the services performed:

How did it go overall? Tell us the story from start to finish:

(example: I could tell Dr. Smith was busy, but he didn't make me feel rushed. He took time to answer all my questions, and I felt very comfortable.)

	A	B	C	D	F	N/A
Overall Experience:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Availability:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Environment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Friendliness:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside Manner:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Treatment:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing and Administration:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you use this health provider again in the future? Y N

Signature: _____

Date: _____

I confirm that the information contained in this Service Evaluation Form (i) is true and accurate and (ii) represents my actual first-hand experience, or experience which I am authorized to discuss. I acknowledge and understand my responsibilities under the Angie's List Membership Agreement, and that Angie's List is relying upon the accuracy of the information in order to serve other members. I confirm that I do not work for, am not in competition with, and am not in any way related to the service provider in this report. I acknowledge that my name, address and this report information will be available to the service provider being rated.

Join Angie's List today!

Use promo code **EASY** and **save 40%** on an annual membership!

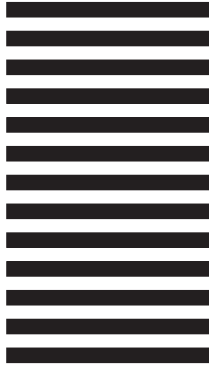
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Angie's list.
Health+Wellness

1030 E. Washington Street
Indianapolis, IN 46202
1-888-888-LIST (5478)
AngiesList.com



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INDIANAPOLIS IN 46209-1265



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To Mail: Fold following steps 1+2 and tape open ends.