

Richard R Moy DPM Inc
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Please fill out this short survey so we can better serve our patients. Any and all feedback is encouraged. If any member of our staff has done an outstanding job, please list their name and how they have helped. If you have any comments or complaints, please list those as well.

Procedure: Bunion Left Leg. Date of Surgery: 6-25-20

Were all of your questions answered before surgery? ☒ YES ☐ NO

Was the experience at the surgery center pleasant? ☒ YES ☐ NO

Was the surgery virtually painless? ☒ YES ☐ NO

Were you able to get your surgery convenient time? ☒ YES ☐ NO

Was the surgical process what you expected? ☒ YES ☐ NO

Would you refer this office to a friend or family member? ☒ YES ☐ NO

What is your overall impression with this procedure? 1 2 3 4 5 6 7 8 9 ☒ 10

Poor

Excellent

How would you rate your pain level? ☒ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

None

Excruciating

Please list any comments, complaints or suggestions as to how we can improve our patients' experience.

Loved the staff & Atmosphere of the office.
Felt very well taken care of. So happy with the
results so far. Thanks you Dr. Moy

Dr.'s response to patient comments: