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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 Surgery Date of Surgery: 06/18/2020

- 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 *Already have*
- 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.

I've only felt a little Pressure under  
my foot after Icing (Middle of My foot)  
Is that Normal after icing?

Dr.'s response to patient comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *(RM)*