



OrthoMaryland  
Innovative solutions. Comprehensive care.

**We Value Your Opinion.  
So, Please Take a Moment and Tell Us: "How Are We Doing?"**

At OrthoMaryland, we strive to meet your expectations. Please take a moment to complete the following survey and mail, hand deliver or fax, it to our Baltimore/Quarry Lake office. Thank you in advance for your time, and we look forward to receiving your responses.

**Was this your first visit to OrthoMaryland?**  yes  no

**Please indicate your treating physician:**

- |  |  |                                      |                                      |  |
|--|--|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Dr. Reichmister | <input type="checkbox"/> Dr. Becker    | <input type="checkbox"/> Dr. Smulyan | <input type="checkbox"/> Dr. Keehn   | <input type="checkbox"/> Dr. Rosenthal |
| <input type="checkbox"/> Dr. Riederman   | <input type="checkbox"/> Dr. Friedman  | <input type="checkbox"/> Dr. Weiner  | <input type="checkbox"/> Dr. Waldman | <input type="checkbox"/> Dr. Koman     |
| <input type="checkbox"/> Dr. Brokaw      | <input type="checkbox"/> Dr. Buchalter | <input type="checkbox"/> Dr. Jay     | <input type="checkbox"/> Dr. Grant   | <input type="checkbox"/> Dr. Carr      |
| <input type="checkbox"/> Dr. Deitch      |  |                                      |                                      |  |

**From the time of your initial phone call, how long did you wait to get an appointment?**

- |   |                                 |                                    |                                       |
|---|---------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> less than 1 week | <input type="checkbox"/> 1 week | <input type="checkbox"/> 2-3 weeks | <input type="checkbox"/> over 4 weeks |
|---|---------------------------------|------------------------------------|---------------------------------------|

**Was this acceptable?**  yes  no

**Once you arrived for your appointment, how long did you wait to see the physician?**

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> less than 15 minutes | <input type="checkbox"/> 15-30 minutes | <input type="checkbox"/> 30-60 minutes | <input type="checkbox"/> more than 1 hour |
|---|--|--|---|

**Was this acceptable?**  yes  no

**How were you referred to our practice?**

- |  |  |                                       |  |                                |
|--|--|---------------------------------------|--|--------------------------------|
| <input type="checkbox"/> self referred | <input type="checkbox"/> friend/relative | <input type="checkbox"/> my physician | <input type="checkbox"/> advertisement | <input type="checkbox"/> other |
|--|--|---------------------------------------|--|--------------------------------|

**Thinking about your visit to OrthoMaryland, please rate the following:**

Key: P – Poor, F – Fair, G – Good, VG – Very Good, E – Excellent

- |   |                            |                            |                            |                             |                            |
|---|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|
| Getting through to the office by phone .....          | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> VG | <input type="checkbox"/> E |
| The friendliness and courtesy of the staff .....      | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> VG | <input type="checkbox"/> E |
| Time spent with physician .....                       | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> VG | <input type="checkbox"/> E |
| Explanation of procedure(s) performed.....            | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> VG | <input type="checkbox"/> E |
| Explanation of follow-up instructions.....            | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> VG | <input type="checkbox"/> E |
| The thoroughness and competence of the physician..... | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> VG | <input type="checkbox"/> E |
| The friendliness and courtesy of the physician.....   | <input type="checkbox"/> P | <input type="checkbox"/> F | <input type="checkbox"/> G | <input type="checkbox"/> VG | <input type="checkbox"/> E |

**Would you recommend OrthoMaryland to a friend or family member?**  yes  no

Please write any additional comments in the space below. Or, you may attach an additional sheet, if you prefer. If you wish to be contacted regarding your responses, please include your name and phone number.

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**Continued on next page**

We offer three Baltimore locations to serve you:

<b>Phone number for patients (all locations): 410-377-8900</b>	<b>Towson/GBMC:</b> Physicians Pavilion East 6565 North Charles Street, Suite 504 Towson, MD 21204 fax: 410-339-6984
<b>Baltimore/Quarry Lake:</b> 2700 Quarry Lake Drive, Suite 300 Baltimore, MD 21209 fax: 410-377-9206	<b>Owings Mills:</b> 4 Park Center Court, Suite 102 Owings Mills, MD 21117 fax: 410-581-1363



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**Thank You. We Value Your Opinion.**

Sometimes, OrthoMaryland shares comments for marketing purposes with future and potential patients. Please let us know if we may use your comments by providing the following consent:

**I irrevocably consent to and authorize OrthoMaryland’s use of my comments on this survey on the Web site or any other marketing materials. I do so without any further claims, demands or compensation by or to me. This authorization will also endure to the benefit of legal representatives, licensees and assignees of OrthoMaryland.**

yes  no

Only if you answered yes to the above:

**OrthoMaryland may use my name, only as it relates to my comments on this survey, on the Web site or any other marketing materials created by OrthoMaryland.**

yes  no

Name \_\_\_\_\_

Signature \_\_\_\_\_

- Our subspecialties:**
- |  |                        |
|--|------------------------|
| Arthritis                                | Low back pain          |
| Cartilage repair                         | Pain management        |
| Foot & ankle                             | Physiatry              |
| Hand, wrist & elbow                      | Pediatric orthopaedics |
| Hip replacement                          | Shoulder               |
| Joint reconstruction & total replacement | Spine & neck           |
| Knee replacement                         | Sports medicine        |