

OFFICE REPORT CARD

James River Family Practice, LLC, 11835 Fishing Pt. Dr., #104, Newport News, VA 23606

To help serve you better, please complete this assessment of our office. You may leave in our inter-office mailbox located to your left as you exit the office, with an employee, or by mail.

Key: 1= Poor 2= Satisfactory 3= Good 4= Excellent

Table with 5 columns: Question, 1, 2, 3, 4. Rows include questions like 'Were you able to get an appointment promptly?', 'Was adequate parking available?', etc.

As a patient of Physician Assistant/Dr. _____ I would like to tell him/her

Three horizontal lines for writing a comment.

Additional suggestions that might help us serve you better would be appreciated. If commenting about a particular employee, please feel free to give us their name.

Three horizontal lines for writing additional suggestions.

Thank you for your cooperation and help.

Optional:

If you would like a response, please enter your name and phone number below.

One horizontal line for optional name and phone number.