

SHOFNER VISION CENTER

Affordable Eye Care/ LASIK and Cataract Surgery

Midtown Medical Plaza II
2021 Church St., Suite 300
Nashville, TN 37203

R. Stewart Shofner, MD
Kevin Johnson, OD

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CATARACT QUESTIONNAIRE

We wish to provide the best possible experience for our Cataract patients. In order to maintain the highest level of patient satisfaction, we would appreciate your feedback, by completing this brief survey and mailing it to us in the enclosed self-addressed, stamped envelope. The replies are truly confidential, and we want to thank you for choosing us!

Please circle the number which BEST reflects your experience:

1. Helpfulness of staff members setting your appointment, answering your questions, checking in, and checking out.

1 2 3 4 5
Not helpful Average Very helpful

2. During your eye exam, did you understand fully what Cataract Surgery could do for you?

1 2 3 4 5
Not fully understood Some understanding Understood fully

3. Were the surgical options (Traditional Cataract Surgery, Bladeless Cataract Surgery, iStent), the different lens options (Standard, CrystaLens, ReStor, Tecnis, TruLign, Toric), and the price structure explained to your satisfaction?

1 2 3 4 5
Not fully explained Some explanation Explained fully

4. Were the expectations Cataract surgery could provide, as well as the potential after-treatment and possible complications fully explained?

1 2 3 4 5
Not fully explained Some explanation Explained fully

5. Was the amount you owed after insurance paid its portion fully explained?

1 2 3 4 5
Not fully explained Some explanation Explained fully

6. How did you feel about the helpfulness of staff members at the surgery center?

1 2 3 4 5
Not helpful Average Very helpful

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7. If you could improve one thing about your experience at the surgery center, what would it be?

8. If you could improve one thing about your experience in our office, what would it be?

9. Please review the following factors, and indicate by numbering in order, the most important (1) to the least important (8) factors as to why you chose Dr. Shofner for your Cataract surgery needs:

	Price
	Cataract Surgery Technology
	Friendliness of Staff
	Location
	Dr. Shofner's Experience
	Difference in Lenses Offered
	Referral from a Previous Patient
	Other: _____

10. How did you hear about Dr. Shofner? _____

11. Would you refer a friend or relative to Dr. Shofner? Yes No

12. Please help us offer the best medical experience possible by writing any comments you have below:

Thank you again, for choosing LASIK with Dr. Shofner, Dr. Johnson, Steve, Trish, Nancee, Gail, Lorri, and Jeff.