

**B & H ORTHOPEDIC LAB, INC.**

**PATIENT SATISFACTION SURVEY**

*Please return after you have worn your brace for approximately 4 weeks.*

PATIENT NAME: \_\_\_\_\_

ORTHOTIST/FITTER: \_\_\_\_\_

1. Did the practitioner who measured/fit your custom brace treat you courteously and professionally?

Yes  No

2. Did the practitioner give you and/or your family complete instructions on the proper use, care and maintenance of your custom brace, including any printed material?

Yes  No

3. Did/do you understand how to put on your brace?

Yes  No

4. Considering its limitations, did/does your brace fit well?

Yes  No

5. Considering its limitations, is/was the function of your custom brace adequate for your needs?

Yes  No

6. Did the practitioner tell you to contact B & H Orthopedic Lab, Inc. immediately if you felt there is/was a problem with the fit/function of your brace? (For example: skin problems, looseness in the brace, wear on the straps or material or any part of your custom brace.)

Yes  No

7. Did/do you wear your custom brace as prescribed by your physician?

Yes  No

8. Overall, do you feel that you are/were better off wearing a custom brace than not wearing a brace?

Yes  No

If you answered "No", please briefly state why. \_\_\_\_\_  
\_\_\_\_\_

Please make any additional comments that you feel would be beneficial for B & H Orthopedic Lab, Inc to know about your experience with your custom brace. We appreciate and Thank you for your time and attention.  
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\_\_\_\_\_  
*Signature of Patient or individual completing survey*

\_\_\_\_\_  
*Relationship to patient*