

# Review Form

We use Angie's List to assess our performance and keep valued patients like you happy. Please grade our practice's quality of service by using one of the options below.

Online: **AngiesList.com/Review**  
Phone: **1-888-888-LIST (5478)**  
Mail: **Complete this form**

You don't have to be a member to submit a review, but you can **save 40%** if you join with Promo code EASY for access to:

- AngiesList.com
- View member ratings
- Submit your own reviews
- Exclusive discounts
- Free monthly magazine with home and health-related articles

**“Angie’s List is more reliable than (free) review sites. I think it’s great that people can use it for medical referrals!”** – Joan L., San Jose

**Angie's list.**  
Reviews you can trust.

## Your Information

(Email and personal information required for report confirmation)

Name: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: (required) \_\_\_\_\_

## Health Provider Information

Health Provider Name: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Health Provider Review

Did the health provider perform services? Y N  
(as opposed to just an estimate, phone call for information, etc.)

Approximate service date: \_\_\_\_\_

Please describe (in detail) the services performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did it go overall? Tell us the story from start to finish:

(example: I could tell Dr. Smith was busy, but he didn't make me feel rushed. He took time to answer all my questions, and I felt very comfortable.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	A	B	C	D	F	N/A
Overall Experience: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Availability: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Environment: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Punctuality: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Friendliness: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bedside Manner: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Treatment: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Billing and Administration: .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you use this health provider again in the future? Y N

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

I confirm that the information contained in this Service Evaluation Form (i) is true and accurate and (ii) represents my actual first-hand experience, or experience which I am authorized to discuss. I acknowledge and understand my responsibilities under the Angie's List Membership Agreement, and that Angie's List is relying upon the accuracy of the information in order to serve other members. I confirm that I do not work for, am not in competition with, and am not in any way related to the service provider in this report. I acknowledge that my name, address and this report information will be available to the service provider being rated.

# Join Angie's List today!

Use promo code EASY and **save 40%** on an annual membership!

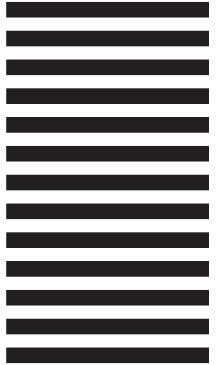
(Step 1-fold on perforated line below)

**Angie's list.**

1030 E. Washington Street  
Indianapolis, IN 46202  
1-888-888-LIST (5478)  
**AngiesList.com**



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**To Mail:** Fold following steps 1+2 and tape where indicated below.



Tape Here