

Orthopedic Arts



State of the Art Artificial Limbs and Braces

Dear Valued Patient,

At Orthopedic Arts, we are deeply committed to providing every patient with high-quality, timely, and compassionate prosthetic and orthotic care. Your health, comfort, and satisfaction are our top priorities, and we strive for excellence in every aspect of the care we deliver.

Our goal is perfection—and we believe that achieving this requires not only clinical expertise, but also active listening and continuous improvement. Your feedback is essential in helping us enhance our services and ensure a smooth and positive experience for all our patients.

Whether your experience was outstanding or if there are areas where you feel we can do better, we encourage you to share your thoughts with us. Your comments will be treated with confidentiality and care.

Please feel free to reach out to us directly at any time:

- **Stephan Manucharian, Clinical Director** – stephmanu@gmail.com
- **Kristina Gukasyan, Administrator** – krisguk@gmail.com

We are honored to be part of your journey and remain dedicated to serving you with integrity, precision, and respect. You are welcome to express your thought in a free format; however, if you wish, you may use the form below to provide us with valuable feedback. If you recently received an orthotic or a prosthetic device, we will mail this form to you in a few weeks. Your response will be very much appreciated.

Sincerely,

The Orthopedic Arts Team

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Recently you received prosthetic or orthotic care at this office or at your home. Please, take time and rate your experiences. This will provide us with valuable feedback and help us improve our service.

Ease of making appointments:

Unacceptable ☐

Satisfactory ☐

Good ☐

Excellent ☐

Timeframe required for completion of the device:

Unacceptable ☐

Satisfactory ☐

Good ☐

Excellent ☐

General satisfaction with the device:

Unacceptable ☐

Satisfactory ☐

Good ☐

Excellent ☐

Courtesy and efficiency of the personnel:

Unacceptable ☐

Satisfactory ☐

Good ☐

Excellent ☐

Comfort of the waiting and treatment areas:

Unacceptable ☐

Satisfactory ☐

Good ☐

Excellent ☐

What did you like best about our practice?

What do you think we should improve?

Other Comments:

Name (optional) _____ Signature _____ Date _____