



Client/Patient Name (Optional): \_\_\_\_\_

City, State: \_\_\_\_\_ Date: \_\_\_\_\_

It is our desire to provide you with the best quality, products and service possible. You are the most important part of our business and your valuable input will help us identify and improve areas of our service, so that we can meet your needs in the future. Please take a few moments and share your thoughts and suggestions with us. ARMAC greatly appreciates your time and cooperation in returning this survey.

REGARDING ARMAC INC.	EXTREMELY SATISFIED	SATISFIED	DISSATISFIED	EXTREMELY DISSATISFIED
Service/Equipment were provided in a timely manner				
My home care needs were met through the services/equipment provided				
The staff discussed my rights and responsibilities				
The staff discussed my financial obligations				
The staff informed me how to contact the office during and after hours				
I would utilize/recommend ARMAC Inc to my friends and/or family				

REGARDING THE STAFF OF ARMAC INC.	EXTREMELY SATISFIED	SATISFIED	DISSATISFIED	EXTREMELY DISSATISFIED
The representatives were courteous and professional				
Explanations and instructions offered by representatives were adequate				
All procedures/services were explained prior to performing them				
Equipment was delivered clean and in good working order				
My personal property was treated with respect				

Comments: \_\_\_\_\_

How did you hear about ARMAC?  Doctor  Hospital/Surgery Center  Family/Friend  Insurance  Other \_\_\_\_\_

**EMAIL**  
send directly to us

**PRINT**  
fax or deliver to us

Please mail this survey to our Florham Park address to the attention of the Survey Department.  
Thank you for choosing ARMAC Inc.