

PROSTHETIC AND ORTHOTIC SOLUTIONS FOR AN ACTIVE AND INDEPENDENT LIFESTYLE

STAY UP TO DATE WITH THE
LATEST SOCIAL NEWS FROM
AROUND THE COUNTRY -
SIMPLY SEARCH FOR 'OAPL'



www.oapl.com.au

CONTACT

Victoria - 1300 866 275

Bendigo

401 - 405 High Street
Golden Square, VIC 3555

Box Hill (Epworth Eastern)

Suite 5a, Level 2
1 Arnold Street
Box Hill, VIC 3128

Clayton

281 Clayton Road
Clayton, VIC 3168

Flemington

159-161 Epsom Road,
Flemington, VIC 3031

Frankston

346 Nepean Highway
Frankston, VIC 3199

Glen Waverley

499 Springvale Road
Glen Waverley, VIC 3150

Richmond (Epworth)

Level 7, Suite 5
32 Erin Street
Richmond, VIC 3121

Ringwood

86 Mt Dandenong Road
Ringwood, VIC 3135

Queensland - (07) 3849 8152

Hervey Bay

85 Beach Road
Pialba, QLD 4655

Mansfield

1/51 Secam Street
Mansfield, QLD 4122

Western Australia - (08) 9330 3636

Myaree

2/89 North Lake Rd
Myaree, WA 6154

Shenton Park

10 Selby Street
Shenton Park, WA 6008

New South Wales - (02) 9319 1955

Alexandria

1/119 McEvoy Street
Alexandria, NSW 2015

PATIENT FEEDBACK FORM



At oapl, we strive to provide you with best possible service to ensure you are always looked after.

As a way to ensure we are doing all we can, we encourage patient feedback to help highlight our ability to meet your expectations.

We thank you for taking the time to fill out this form - please hand back to a staff member or fax a copy to 1300 627 539 when completed.

Alternatively you can scan and email the form to info@oapl.com.au, post to 29 South Corporate Avenue, Rowville VIC 3178 or complete online via the link: bit.ly/2mcsVWw (case sensitive)



Which clinic did you attend?

Date of attendance: ____ / ____ / ____

Which clinician did you see?

What was your reason for visiting oapl?

Staff

	Poor	Good	Excellent
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to explain things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Clinic

	Poor	Good	Excellent
Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Optional:

Name: _____

Address: _____

Phone: _____

Email: _____