

Edgar Montano

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:

E. Montano

Equipment Serial #

210533

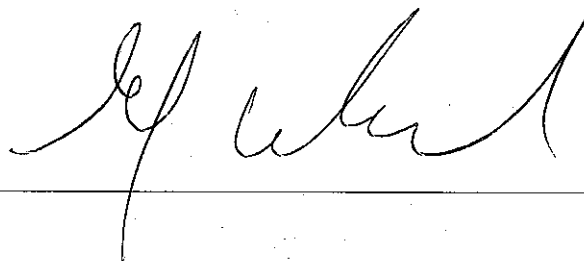
Date:

1/30/13

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Equipment Serial # 203408Date: 1/30/13

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Yan Perez

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Great Job by Richard

Equipment Serial # 210526

Date: 11/24/2013

[Signature]

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Pablo DelPino

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Pablo DelPino

Equipment Serial #

208201/1254

Date:

1/25/13

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent	Good	Average	Fair	Poor
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5 4 3 2 1

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Was the equipment and/or supplies delivered at the agreed upon time?
2. Was the equipment and/or supplies clean when received?
3. Does the equipment operate properly?
3. Were adequate instructions provided for the safe use of the equipment?
4. Was the staff courteous and helpful?
5. Was the afterhours or on-call policy explained?
6. Would you recommend our service to your friends and family?

Comments:

[Signature]

1-23-13

Equipment Serial #

213431/1347

Date:

1/23/13

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Eric Robinson

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

☒ ☐ ☐ ☐ ☐

1. Was the equipment and/or supplies delivered at the agreed upon time?

☒ ☐ ☐ ☐ ☐

2. Was the equipment and/or supplies clean when received?

☒ ☐ ☐ ☐ ☐

3. Does the equipment operate properly?

☒ ☐ ☐ ☐ ☐

3. Were adequate instructions provided for the safe use of the equipment?

☒ ☐ ☐ ☐ ☐

4. Was the staff courteous and helpful?

☒ ☐ ☐ ☐ ☐

5. Was the afterhours or on-call policy explained?

☒ ☐ ☐ ☐ ☐

6. Would you recommend our service to your friends and family?

Comments:

Equipment Serial #

209535

Date:

12/6/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Clemens Resdi

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Good Show!



Alex (son)

Equipment Serial #

992

Date:

12/5/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Alfonso Balmarced

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Alfonso Balmarced

Equipment Serial #

213543/21992

Date:

12/5/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Quentin Webb

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

QJ

Equipment Serial #

213537/821

Date:

12/4/12

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CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Equipment Serial # Raised toilet seat & shower chair

Date: 12/3/12

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CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

EVERYTHING WAS GREAT

Alfred J. Juncos

Equipment Serial # 216251

Date: 12/3/12 (8/31/12)

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Rose Jackson
Felton

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Rose Jackson

Equipment Serial #

compression stockings

Date:

12-3-2012

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:

[Handwritten Signature]

Equipment Serial #

211881 / 82161

Date:

1-2-13

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

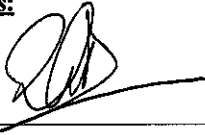
CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:Equipment Serial # 210518Date: 11/16/13

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John Hall

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

STED

Equipment Serial #

29224

Date:

1/16/13

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Pedro Torres

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

- | 5 | 4 | 3 | 2 | 1 | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:

Everything 'OK'

Equipment Serial #

205748

22022

Date:

11-20-12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Cody Hobza

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5

4

3

2

1

☐☒☐☐☐

1. Was the equipment and/or supplies delivered at the agreed upon time?

☒☐☐☐☐

2. Was the equipment and/or supplies clean when received?

☒☐☐☐☐

3. Does the equipment operate properly?

☒☐☐☐☐

3. Were adequate instructions provided for the safe use of the equipment?

☐☒☐☐☐

4. Was the staff courteous and helpful?

☒☐☐☐☐

5. Was the afterhours or on-call policy explained?

☐☒☐☐☐

6. Would you recommend our service to your friends and family?

Comments:

signature Recommend different sizes of shoulder pieces. Shoulder

cooling pad was a bit big for me. CHJ

Equipment Serial #

215582

Date:

12/13/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

JIDE

Equipment Serial # CANE

Date: 12/31/2012

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Anthony Brenner

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Anthony Brenner

Equipment Serial # Cry6

Date: 12/19/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Gabriel Vergara

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Gabriel Vergara

Equipment Serial #

213909/80064

Date:

12/14/

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Armando
Alv'sa

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Very Good
Armando Alv'sa

Equipment Serial #

993

Date:

12/12/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Rosalba Fernandez

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Great

Equipment Serial # 202556

Date: 11/30/2012

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

E/vaGarcia

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:



Equipment Serial #

Rollator

Date:

11/29/12

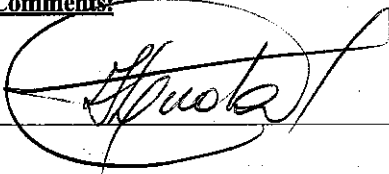
You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Jose Licata

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:



Equipment Serial # 1079

Date: 11/29/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Lee Holmes

CUSTOMER SATISFACTION SURVEY

Rating
Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:

[Handwritten signature]

Equipment Serial #

210493

Date:

11/28/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Ernesto Cgate

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Equipment Serial #

Round Cushion

Date:

11/27/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

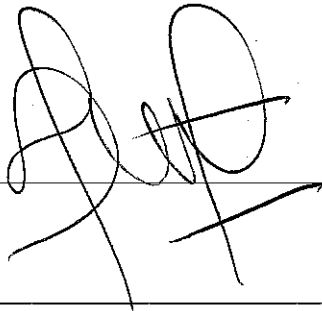
Comments:ExcellentEquipment Serial # mini vibratorDate: 11/21/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:



Equipment Serial # _____

Date: 12/7/2012

Alejandra Gonzalez
ACS/CPM

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

[Handwritten signature]

Equipment Serial #

213184

Date:

12-11-15

Victor Caril
WC

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Michael Goostree

Equipment Serial # 212911

Date: 12-6-12

Michael Goostree

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Ales

Equipment Serial #

208375

Date:

12-5-12

David Fuchs

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5

4

3

2

1



1. Was the equipment and/or supplies delivered at the agreed upon time?



2. Was the equipment and/or supplies clean when received?



3. Does the equipment operate properly?



3. Were adequate instructions provided for the safe use of the equipment?



4. Was the staff courteous and helpful?



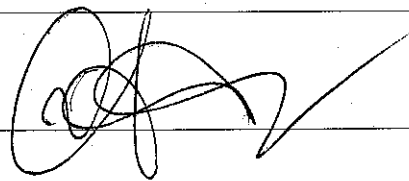
5. Was the afterhours or on-call policy explained?



6. Would you recommend our service to your friends and family?

Comments:

Very courteous and friendly, professional



Equipment Serial # _____

Date:

12/04/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

☒ ☐ ☐ ☐ ☐

1. Was the equipment and/or supplies delivered at the agreed upon time?

☒ ☐ ☐ ☐ ☐

2. Was the equipment and/or supplies clean when received?

☒ ☐ ☐ ☐ ☐

3. Does the equipment operate properly?

☒ ☐ ☐ ☐ ☐

3. Were adequate instructions provided for the safe use of the equipment?

☒ ☐ ☐ ☐ ☐

4. Was the staff courteous and helpful?


☒ ☐ ☐ ☐ ☐

5. Was the afterhours or on-call policy explained?

☒ ☐ ☐ ☐ ☐

6. Would you recommend our service to your friends and family?

Comments:



Equipment Serial # _____


Date: 11/28/02

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

OK 

Equipment Serial # _____

Date: 11/28/12 Leonard Salazar M.D.

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Barry Brown

Rating

Excellent Good Average Fair Poor

5

4

3

2

1

☒

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1. Was the equipment and/or supplies delivered at the agreed upon time?

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2. Was the equipment and/or supplies clean when received?

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3. Does the equipment operate properly?

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3. Were adequate instructions provided for the safe use of the equipment?

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☐

☐

4. Was the staff courteous and helpful?

☒

☒

☐

☐

☐

5. Was the afterhours or on-call policy explained?

☒

☒

☐

☐

☐

6. Would you recommend our service to your friends and family?

Comments:



Equipment Serial #

211282

39715

Date:

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Se entendio muy bien toda la explicación
y la atención muy buena.

R. Fernandez

Equipment Serial # _____

Date: 11-27-2012.

Roberto Fernandez

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Sol Figueroa

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Awesome

Equipment Serial #

13512 / 21367

Date:

11-14-12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Bany J. Harty

Equipment Serial #

9358

Date:

11-13-12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:



Equipment Serial #

210108

Date:

11-1-12

Nelda Rosales

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Was the equipment and/or supplies delivered at the agreed upon time?
2. Was the equipment and/or supplies clean when received?
3. Does the equipment operate properly?
3. Were adequate instructions provided for the safe use of the equipment?
4. Was the staff courteous and helpful?
5. Was the afterhours or on-call policy explained?
6. Would you recommend our service to your friends and family?

Comments:

John Bonner

Equipment Serial #

213874

Date:

11-2-12

John Bonner

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Milagros DeArmas

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Milagros DeArmas

Equipment Serial #

216192

Date:

11/30/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

ELiceo Garcia

Equipment Serial #

210243/991

Date:

10/19/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Was the equipment and/or supplies delivered at the agreed upon time?
2. Was the equipment and/or supplies clean when received?
3. Does the equipment operate properly?
3. Were adequate instructions provided for the safe use of the equipment?
4. Was the staff courteous and helpful?
5. Was the afterhours or on-call policy explained?
6. Would you recommend our service to your friends and family?

Comments:

John DeLano

Equipment Serial #

313450/116

Date:

10/16/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Wilfredo Barrio

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Well.

Equipment Serial #

210529/29224

Date:

10/16/2012

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct, Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

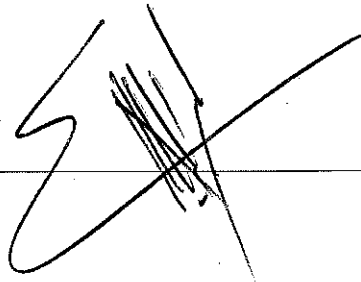
CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:Equipment Serial # 998Date: 10/11/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Disnel Garcia

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Disnel Garcia

Equipment Serial #

21738/22005

Date:

10/10/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Luis Rosario

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Equipment Serial # PCD 209710 / CPM 991

Date: 10/10/2012

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Reynaldo Segur

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:

Equipment Serial #

211992-1643

Date:

10/4/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Luis Lanza

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

RICH WAS VERY HELPFUL AND KNOWLEDGEABLE!

Equipment Serial # 7CD / CPM
210188 / 3657

Date: 10.3.12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Arthur Sorey

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Arthur Sorey

Equipment Serial #

9358

Date:

10-6-12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Charles Schubert

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Charles Schubert

Equipment Serial #

112

Date:

10/31/12

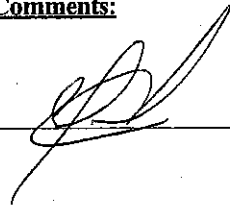
You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Guillermo Frometa

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:



Equipment Serial # _____

Date: 11/05/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Alexis Garcia

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Alexis Garcia

Equipment Serial # 210526/6402

Date: 10-15-2012

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Jose Cubillo

CUSTOMER SATISFACTION SURVEY

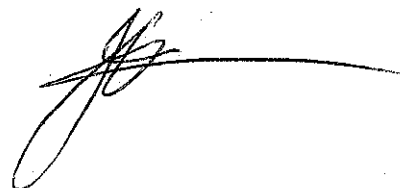
Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Equipment Serial # PCD: 212543
CH-CPE-111

Date: C 10/24/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.



Emily Castella

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

great machines & service.

Emily Castella

Equipment Serial #

212722 & 218544

Date:

10/24/2012

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Armando Richel

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

[Signature]
AP 11/5/12

Equipment Serial # 206687/8745

Date: 10/23/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

Jorge
Sanchez

CUSTOMER SATISFACTION SURVEY

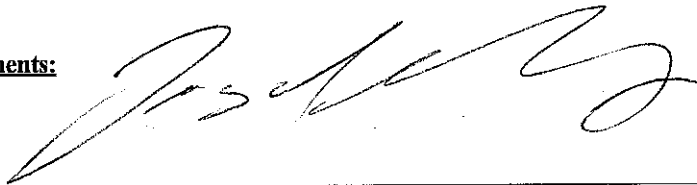
Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:



Equipment Serial #

DP239715

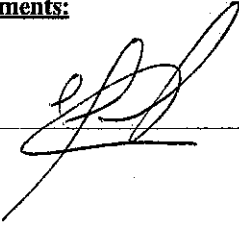
Date:

10/23/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Was the equipment and/or supplies clean when received?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the equipment operate properly?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Were adequate instructions provided for the safe use of the equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Was the staff courteous and helpful?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Was the afterhours or on-call policy explained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:

Equipment Serial # 1376Date: 09/23/12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Were adequate instructions provided for the safe use of the equipment? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Was the staff courteous and helpful? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Was the afterhours or on-call policy explained? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:

ALL EQUIPMENT IN GOOD WORKING

() Order $\frac{1}{2}$ DELIVERED ONTIME But staples

Equipment Serial # _____

Date: 10-04-12

You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback is critical to us and will be reviewed to provide increased customer satisfaction with our services. Thank you for allowing **TEAM POST OP** to assist you in our time of medical need.

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Would you recommend our service to your friends and family? |

Comments:

Good Service

Equipment Serial #

CPM 949

Date:

10/3/12


Self pay

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Cigna

CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Would you recommend our service to your friends and family?

Comments:
Jon Soltz

Equipment Serial #

PCD 202310

Date:

10/3/12

Howard Soltz

C: g

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CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

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Comments:

Qpr Davis

Equipment Serial #

274110

Date:

10/18/12

wc mdrn

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CUSTOMER SATISFACTION SURVEY

Rating

Excellent	Good	Average	Fair	Poor
5	4	3	2	1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Was the equipment and/or supplies delivered at the agreed upon time?
2. Was the equipment and/or supplies clean when received?
3. Does the equipment operate properly?
3. Were adequate instructions provided for the safe use of the equipment?
4. Was the staff courteous and helpful?
5. Was the afterhours or on-call policy explained?
6. Would you recommend our service to your friends and family?

Comments:

Staff was polite, kind, and attentive. Very happy to have with care and great service.

Equipment Serial # 213431/1336

Date:

10/17/12

Jose Robi

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CUSTOMER SATISFACTION SURVEY

Rating					
Excellent	Good	Average	Fair	Poor	
5	4	3	2	1	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Was the equipment and/or supplies delivered at the agreed upon time?
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Comments:

Rebecca L. Cinton

Equipment Serial #

PCD / CPM

Date:

10/13/12

Rebecca Cinton

WC MSC

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