

CUSTOMER SATISFACTION SURVEY

Waldo Almonte

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"/>
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<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:

Very helpful

Waldo Almonte

Equipment Serial # _____

Date: 9-10-13

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.

Ana Mendez

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5

4

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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:X, *A. Mendez*

Equipment Serial #

1254

Date:

9/10/13

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

Kenn Broderick

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

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|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <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? |
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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:

Equipment Serial #

DA5505/4

Date:

9/6/13

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CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

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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:

Very nice staff member

Equipment Serial # _____

Date: _____

8/21/13

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

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Excellent	Good	Average	Fair	Poor	
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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:

Equipment Serial # _____

Date: _____

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CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5

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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?

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

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

Comments:

very helpful staff

[Signature]

Equipment Serial # _____

Date: 8/12/13

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.

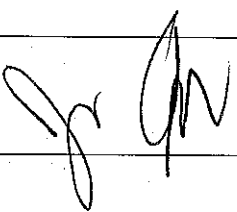
CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5	4	3	2	1	
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<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: 8-14-13

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

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|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <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"/> | 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 #

6837

Date:

7/19/13

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

Silvia Navarro

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: _____

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CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

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|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <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 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:

Equipment Serial # _____

Date: _____

7/25/2013

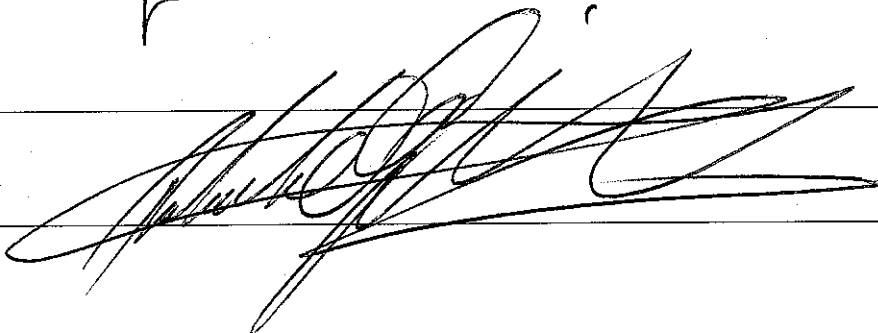
You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback 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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<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:

Very Personable!



Equipment Serial # _____

Date: 6/11/13

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

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<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:

JR

Equipment Serial # 210518 22043

Date: 6/26/13

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

Julian Gomez

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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Comments:

Equipment Serial # _____

Date: 7/9/13

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Richard Blanco
w/c

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

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|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <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:

Equipment Serial #

209389/992

Date:

7/1/13

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Comments:

Wally Amaya

Wally Amaya

Equipment Serial # _____

Date: 7-9-13

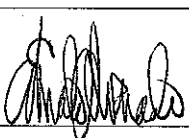
You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback 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

Eduardo Alvarado
WC

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 # 215445

Date: 7/16/13

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.

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:

Robert J. Acorn

Equipment Serial # _____

Date: _____

8-22-13

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:

Clara Saavedra

Equipment Serial # _____

Date: 07-20-13

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.

Mark Haber

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:

X [Signature]

Equipment Serial # PCD

Date: 7/17/13

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.

Katie Sanchez

CUSTOMER SATISFACTION SURVEY

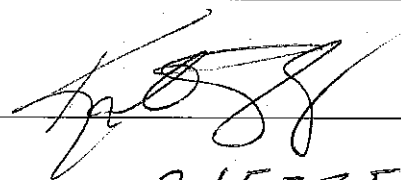
Rating

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:

X 
Equipment Serial # 215575

Date: 7/16/13

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.

Cunillera

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:

X

Equipment Serial # 213490

Date: 7/13/13

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

Berman Te/bz

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"/>
<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"/>

Comments:

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?

Equipment Serial # 208208/39715

Date: 7/10/13

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"/>
<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:

Everything was Great

X Latona Davis

Equipment Serial # 93361

Date: 6/27/13

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.

Crawford

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:

Sherrily Explained & Helpful

Equipment Serial # _____

Date:

DME 6-26-13

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:

X Rapana Smith

Equipment Serial # 212722/

Date: 6/26/13

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.

DePena

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 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 #

2/3351/300ND

Date:

6/26/13

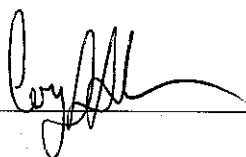
You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback 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.

SKlar

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:

X 

Equipment Serial #

Opt 325D/209535

Date:

6/25/13

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.

Anderson

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:

Thank You! Very Good Price!
Richard was very courteous &
knowledgeable.

~~X Done~~

Equipment Serial # 213183/7381Date: 6/24/13

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:

X Roche/NOVA

Equipment Serial #

215406/8527

Date:

6/24/13

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:

X *Francisco Cantillo*

Equipment Serial # 1346

Date: 6/7/13

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.

Conrad

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:

X

Equipment Serial #

213359/1339

Date:

6/7/13

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:

*Very knowledgeable, excellent people skill
great staff. Thank you!*

X [Signature]

Equipment Serial #

210528/21962

Date:

7/30/13

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:

Excellent service

X [Signature]

Equipment Serial # 112

Date: 7/26/13

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.

Crespo

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 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:

X M Crespo

Equipment Serial # Cryo

Date: 8/1/13

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.

Loza

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:

X Loza

Equipment Serial # 210550/1328

Date: 8/11/13

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.

Cabrera

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:X Natalie CabreEquipment Serial # 209389/992Date: 8/1/13

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:

Thomas Brownell

Equipment Serial # 22005

Date: 10-13-12

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

WC

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 # PCD 212797 CPM 21879

Date: 10/12/10 Luis Acosta

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

MQBIM

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:

[Signature]

Equipment Serial #

PCB 211551 CPM 22022

Date:

10/10 Anthony Dorta

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.

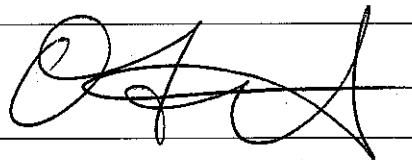
UHC

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:

Really Good Service !!!



Equipment Serial #

ACB 210371 CM 6435

Date:

8/27/12

Orlando Fontes

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 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 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:

THE OAME READY WAS VERY INSTRUMENTAL IN MY
 HEARING PROCESS, I USED IT EVERY DAY, SORRY
 TO SEE IT GO 😞, THANK YOU

Equipment Serial # 209538

Date: 09/24/12

MDRM Joseph Cavallho

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:

Steve extremely helpful
& courteous!

Equipment Serial #

213627

Date:

9/18/12

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

WC Sedgewick

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:

Excellent Service!!

Victor Montalvan

Equipment Serial # _____

Date:

9/27/12

Victor Montalvan

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

WC gallagher
not miami
dade school

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 # ACD 217102 / CPM 5278

Date: 9/28/12

Deyuan Gillard

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 #

M-L-L

1049

Date:

10-25-12

marc lamb

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:

Marilyn Callahan

Equipment Serial #

120-211235 CPM-21854

Date:

10-25-12

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:

W. J. S. H.

Equipment Serial #

PCD - 210525/CPRM - 1643

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 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:

Thanks

Equipment Serial # 205748 / 978

Date: 10/22/12

Victor Dominguez

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.

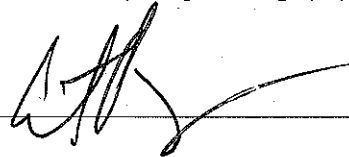
CUSTOMER SATISFACTION SURVEY

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:

MR. STEVE WAS VERY PROFESSIONAL AND GAVE DETAILED

AND THOROUGH INSTRUCTIONS



Equipment Serial # _____

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 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? <u>Very</u>
<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:

Steve was just great. - Professional &

a pleasure to deal with. Thanks!!

Equipment Serial # _____

Date:

7/18/12 D. Muller

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 # 208522 PCD / CPM 22002

Date: 7/17/12 Cordero, Graciela

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.



SCANNED

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

Great Job!

Equipment Serial # _____

Date: 7-12-12

Chuter Gane

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: _____

AD July 9 2012

Derek Pables

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:

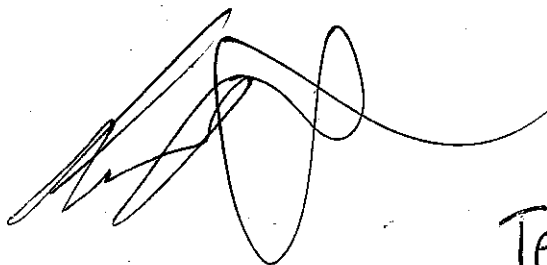
Equipment Serial #

PCD 213537 CPM 30407

Date:

5-26-12

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.



Terrance Smiley

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:

Recommend this person for his high knowledge and commitment, thank you guys for assigning him to this job.

Equipment Serial #

20880611284

Date:

06-20-2012

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.



Glenda Rubi

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:

Excellent Service !

Equipment Serial #

216251 / 821

Date:

6/13/12

Tedys Munoz

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.

[Signature]

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:

EXCELLENT SERVICE REP.

Equipment Serial # 210650

Date: 06-05-12

Cigna Richard Stripling

Richard Stripling

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: _____

8/1/12 

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:

Excellent Service

Equipment Serial # *PCD 213909; CPM 22043*

Date: *June 1, 2012*

Gloria Castillo

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:

Awesome equipment. Helped the
Healing process.

Equipment Serial # 217108

Date: 5/19/12

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.

Lauren Wood - Commercial Ins

Juan
Rodriguez

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:

Thoroughly explain both machines with
excellent temperament and very resourceful.

Equipment Serial #

1254 / 213689 Boler

Date:

5/2/2012

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 # 29224

Date: 05-01-12

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.

Horacio Rodriguez

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:

-Richard, Great Job!

will speak to Dr. to request
an additional 30 days.

Great therapeutic machine

Equipment Serial # _____

Date: _____

4/28/12 Albert Gisbert

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:

THE STAFF WAS VERY HELPFUL

Equipment Serial # _____

Date: 4/24/12

Alfonso Wilkerson

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

Stearns
Donald

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 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 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:

Overall a good experience! Good to have done (shoulder surgery)
what everyone talks about but doesn't want to have done!
Top quality equipment and it helped a lot!

Equipment Serial # 101077507

Date: 04/15/2011

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:

GREAT SERVICE

Equipment Serial #

[Signature]

Date:

07/09/12

Christian Martin

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

Wc
gallagher
(mamiadae)

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:

fantastic demonstrator
Very sharp and communication
skills are wonderful!

Equipment Serial #

Thank you

Date:

6/18/13

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

Freddie

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 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 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:

Very Friendly and very pleasant

Equipment Serial # _____

Date: 6/12/13

Les Roberts
Bradenton

Pt called in survey

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 # 208776

Date: 5/29/13

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 # 22004

Date: 5/16/13

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.