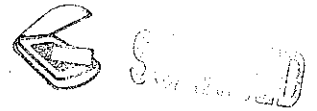


CUSTOMER SATISFACTION SURVEY



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:

THANKS FOR THE USE OF THIS MACHINE.

IT WAS A GREAT HELP.

[Signature]

Equipment Serial # 216251

Date: 4/17/13

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.

Garay

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 # 203408

Date: 6/4/13

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.

Lopez

CUSTOMER SATISFACTION SURVEY

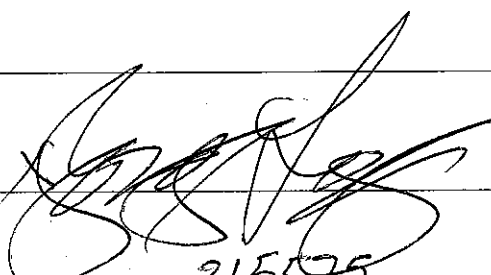
Rating

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 # 215575

Date: 6/4/13

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.

Rico

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 #

210521/7413

Date:

6/4/13

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.

Castro

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 #

217108

Date:

6/3/13

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.

Arias

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 Pedro F. Arias

Equipment Serial #

213909/5278

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.

Wendel/Ken

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:

Xabney W. Ken

Equipment Serial # ~~214163~~ 206898

Date: 6/5/13

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.

Masguez

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 *06/05/13*

Equipment Serial # 213459/114

Date: 6/5/13

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:

_____ *Susana Lopez* _____

Equipment Serial # 214 110 32250

Date: 6/5/13

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 # _____

Date: 06-05-13

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

Comments:

IAG Gracias por la ayuda

Equipment Serial # _____

Date: 5/31/13

Jenny Gonzalez

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:

loved it! hard to "let go of it"!

x J. P. Bough

Equipment Serial # 213351

Date: 5/1/13

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:

Excellent!

Eric Brown

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

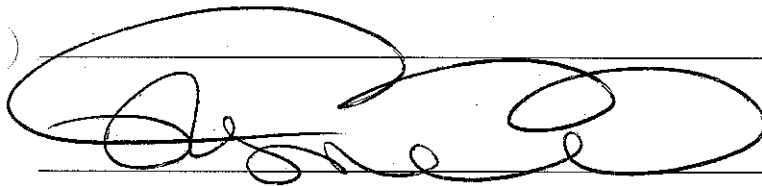
Excellent Good Average Fair Poor

5 4 3 2 1

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

TKS.



Equipment Serial #

Date:

528113

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

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

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

Comments:

STEVE IS NUMBER 1

Soramecheb Maybe

Equipment Serial #

213543 21962

Date:

5.25.2013

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

5

4

3

2

1

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

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

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3. Does the equipment operate properly?

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

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4. Was the staff courteous and helpful?

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

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☐

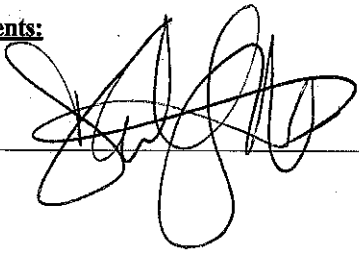
☐

☐

☐

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

Comments:



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

Gallagher

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? |
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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:

Employee was very courteous.

Diana Ferguson

Equipment Serial # _____

Date: 5-13-13

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

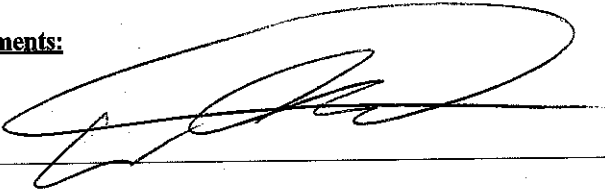
Rating

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:



Equipment Serial # _____

Date: _____

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CUSTOMER SATISFACTION SURVEY

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

Comments:

Don't know

Equipment Serial # _____

Date: 5/13/13

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CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
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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: 5/13/13

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CUSTOMER SATISFACTION SURVEY

Rating

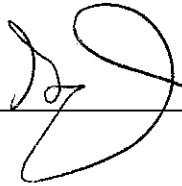
Excellent Good Average Fair Poor

5 4 3 2 1

- | | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the equipment and/or supplies delivered at the agreed upon time? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Was the equipment and/or supplies clean when received? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Does the equipment operate properly? |
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| <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:

Steve did excellent job!



Equipment Serial # _____

Date: 5/10/13

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"/> | 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:

Amazing service.

[Signature]

Equipment Serial # _____

Date:

5/15/13

Araceli Rodriguez

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:

Michael Sklar

Equipment Serial # _____

Date: 5.15.13

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

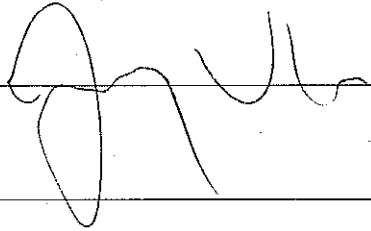
Excellent Good Average Fair Poor

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"/> | 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 + 1



Equipment Serial # _____

Date:

5-21-13

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

5

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:

Angel Gato

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 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:

Joseph L. Hunt II

Equipment Serial # _____

Date: _____

4/23/13

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

CUSTOMER SATISFACTION SURVEY

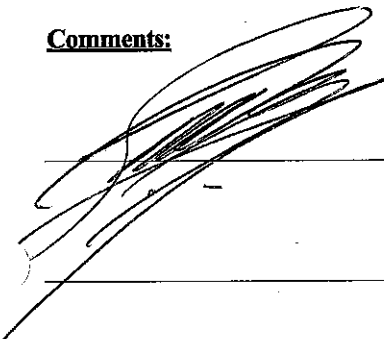
Rating

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? |
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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: 4/29/13.

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 #



Date:

04/30/13

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:

Rita Guber

Equipment Serial # _____

Date: 4/30/13

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.

Gutierrez

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 #

213372/112

Date:

4/24/13

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.

Castro/160

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 #

208522/8745

Date:

5/7/13

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

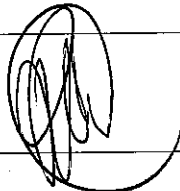
Excellent Good Average Fair Poor

5 4 3 2 1

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

1. Was the equipment and/or supplies delivered at the agreed upon time?
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 # 216213

Date: 4/22/13

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:

[Handwritten Signature]

960-203 277

Equipment Serial # _____

Date:

4/17/13

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.

CUSTOMER SATISFACTION SURVEY

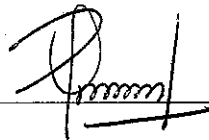
Rating

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:

OP. 

Equipment Serial # _____

Date: 4-12-13

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CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

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

Steve was awesome! Thanks so much. A+

Kathryn Walker

Equipment Serial #

210493 22022

Date:

4/23/13

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

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

☒ ☒ ☒ ☒ ☒

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

☒ ☒ ☒ ☒ ☒

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

☒ ☒ ☒ ☒ ☒

3. Does the equipment operate properly?

☒ ☒ ☒ ☒ ☒

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

☒ ☒ ☒ ☒ ☒

4. Was the staff courteous and helpful?

☒ ☒ ☒ ☒ ☒

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

☒ ☒ ☒ ☒ ☒

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

Comments:

Equipment Serial # _____

Date: 4/23/13

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Martinez

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 # 209389/1280

Date: 4/24/13

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.

Zehon

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:

He was extremely helpful

X *[Signature]*

Equipment Serial #

409246

Date:

4/23/13

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

CUSTOMER SATISFACTION SURVEY

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

Comments:

Equipment Serial #

210641

Date:

4/17/13

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.

Hernandez

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 # 212821/22005

Date: 4/12/23

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 Ryan Coscia

Equipment Serial # 210186

Date: 4/11/13

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.

Joseph

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 # A18185

Date: 4/10/13

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.

Pinon

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 # 212763

Date: 4/9/13

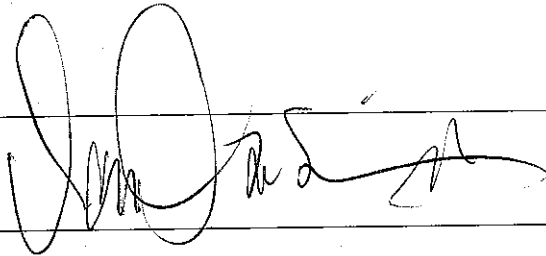
You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback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

McMillin

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:

4/9/13

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

Rating

Excellent Good Average Fair Poor

5 4 3 2 1

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

Comments:

X *Steven F. Chavira*

Equipment Serial # 202556/1302

Date: 4/5/13

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.

Castro

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 # 209710/6383

Date: 5/11/13

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.

chanfray

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 # 207885

Date: 5/1/13

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 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:

Steve is courteous and professional - assessed to your company

Equipment Serial # _____

Tanya Pope / for Richard Pope

Date: _____

4-9-2013

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.

Extramail

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 # 210526

Date: 3-19-13

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

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 Solanda Bandijs

Equipment Serial # 215450

Date: 3/19/13

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.

Rosenweig

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:

Equipment Serial #

209538

Date:

3/20/13

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.

Wallace

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:

DF Daniel Flaxman

Equipment Serial # QST25741/2009D

Date: 3/22/13

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:

X Walker Loisiga

Equipment Serial # 208201/1331

Date: 3/26/13

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.

Salazar

CUSTOMER SATISFACTION SURVEY

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

Comments:

Equipment Serial # 1376Date: 3/26/13

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.

Zanolin

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 Emmy Sanchez (girlfriend)

Equipment Serial # 216251

Date: 3/27/13

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.

Salazar

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 m. Sr

Equipment Serial # 215550

Date: 3/29/13

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.

Amador

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 # 1338

Date: 3/12/13

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.

Guiter

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 *CHT* *TH*
Equipment Serial # 6435 / Rom + Cryo

Date: 4/11/13

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

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 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:

Employee was very helpful & very professional

[Signature]

Equipment Serial # _____

Date: 3/28/2013

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

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:

A-J

Equipment Serial # _____

Date: 3-28-13

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 # _____

Date: _____

3/20/13

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.

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:

Maple Mody

Equipment Serial # _____

Date: 3-28-13

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.

Gobel

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"/>

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 #

213467

~~212763~~

/ 22184

Date:

3/13/13

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.

Humberto Gonzalez

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:

Richard is very thorough

[Signature]

Equipment Serial # 203128

Date: 3/12/13

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.

Robert Schaaaf

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 # 210360

Date: 2/25/13

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.

Joe Hall

CUSTOMER SATISFACTION SURVEY

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

Comments:

JH

Equipment Serial #

208776/1339

Date:

2/26/13

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.

Vincente Elguera

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:

[Signature]

Equipment Serial #

211006

Date:

2/22/13

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.

Anthony Seijas

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 Presentation

Equipment Serial #

202655/1079

Date:

2-13-13

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.

Adriana Blanford

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:

AS

Equipment Serial #

203481 / 22043

Date:

2/15/13

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.

Harry DeBastien

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:

Harry DeBastien

Equipment Serial # 210486/6928

Date: 2/16/13

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.

Alberto for Elder Avenue 2

CUSTOMER SATISFACTION SURVEY

Rating

excellent Good Average Fair Poor

HA	5	4	3	2	1	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

Alberto Alvarez

Equipment Serial #

991

Date:

1/22/13

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.

Emigdio Prado

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:

Equipment Serial #

213516/33290

Date:

1/21/13

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

Luis Pino

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:

Luis E. Pino

Equipment Serial #

211288/3657

Date:

1/21/13

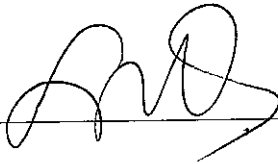
You may return this survey by mail to **TEAM POST OP**, 13921 SW 143 Ct., Suite 5, Miami, FL 33186. If you prefer you may call our office to report your Satisfaction directly, please call 1-877-252-0968 and speak with the operations manager or you may also fax your survey to 1-800-517-4607. Your feedback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

Luisa Sagrez

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 #

114

Date:

1/15/13

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:

Julita M. King

Equipment Serial # 1376

Date: 1/15/13

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Felix Oscar

CUSTOMER SATISFACTION SURVEY

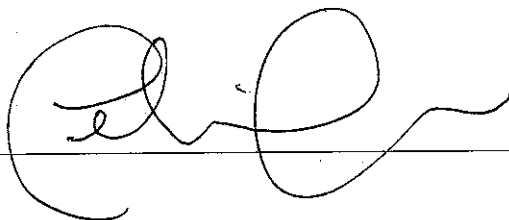
Rating

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 #

Immobilizer & Crutches

Date:

1/15/13

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:

*Richard was very courteous and very informative
as in how properly and safely use the equipment
I am very pleased.*

Deborah Andrews

Equipment Serial #

210520

Date:

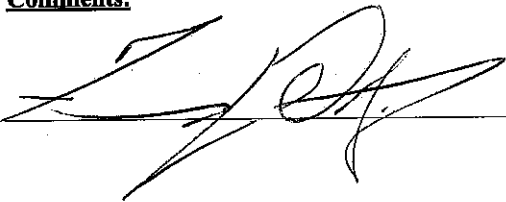
11/16/13

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:



Equipment Serial #

992 CPM Chair

Date:

2-20-13

Francisco Ortiz

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.

Hector
Hernandez

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:

Hector Hernandez

Equipment Serial #

210243/6928

Date:

1/14/13

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.

Jose Perez

CUSTOMER SATISFACTION SURVEY

Rating

Excellent Good Average Fair Poor

5	4	3	2	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input 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 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?

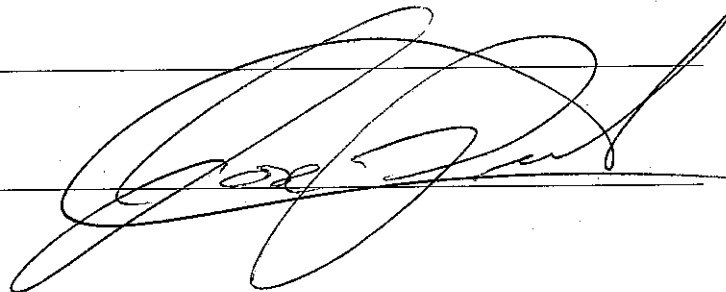
4. Was the staff courteous and helpful?

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

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

Comments:

Rich was very helpful & courteous.



Equipment Serial # 994

Date:

1/11/13

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

Rating

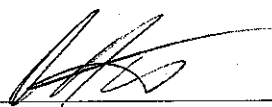
Excellent Good Average Fair Poor

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:

Good people, good equipment



Equipment Serial #

213351

Date:

8 Jan 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.

Harold
Gaido

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:

Harold Gaido

Equipment Serial #

210493/21879

Date:

1/3/13

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Cosme Abreu

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 # 209389

Date: 1/3/13

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.

William Copping

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:

Delivery was on time. Explained
properly. No problem.
W.C. Copping 1/30/13

Equipment Serial #

DVT

Date:

1/30/13

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