

# PROSTHETIC AND ORTHOTIC SOLUTIONS FOR AN ACTIVE AND INDEPENDENT LIFESTYLE

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SIMPLY SEARCH FOR 'OAPL'



[www.oapl.com.au](http://www.oapl.com.au)

## CONTACT

Central Bookings: 1300 866 275  
Email: [info@oapl.com.au](mailto:info@oapl.com.au)

### Clinic Locations

#### Victoria

##### Bendigo

401 - 405 High Street  
Golden Square, VIC 3555

##### Box Hill (Epworth Eastern)

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

##### Clayton

281 Clayton Road  
Clayton, VIC 3168

##### Fitzroy

93-97 Webb Street  
Fitzroy, VIC 3065

##### Footscray

55 Pickett Street  
Footscray, VIC 3011

##### Frankston

346 Nepean Highway  
Frankston, VIC 3199

##### Glen Waverley

499 Springvale Road  
Glen Waverley, VIC 3150

##### Richmond (Epworth)

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

##### Ringwood

86 Mt Dandenong Road  
Ringwood, VIC 3135

For clinical locations in Western Australia, NSW and Queensland please visit our website [oapl.com.au](http://oapl.com.au)

## PATIENT FEEDBACK FORM



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

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

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

Alternatively you can scan and email the form to [info@oapl.com.au](mailto:info@oapl.com.au) or post to 29 South Corporate Avenue, Rowville VIC 3178.



Which clinic did you attend?

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Date of attendance: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Which clinician did you see?

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What was your reason for visiting oapl?

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### Staff

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

### Clinic

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

Additional Comments:

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Optional:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_