

Alpha Surgical, Inc.

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Dear Valued Customer:

Our records indicate that you are a new or recurring customer or have recently been discharged as a recurring customer. We are contacting you now because we would like to know what you thought about the care, treatments, and/or services you received.

In our continuing effort to improve the care, treatments, and services we provide, we would appreciate you spending a few minutes to complete the enclosed questionnaire.

As an Alpha Surgical Inc. customer, your comments and suggestions are very important. Let me assure you that your feedback will only be used to help us serve you better.

Thank you in advance for sharing your opinions.

Sincerely,

Kenneth W Charette Jr.  
President  
Alpha Surgical, Inc.

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# CUSTOMER SATISFACTION SURVEY

May 26, 2011

Please honestly rate the 10 questions below.

<b>100%</b> Completely Satisfied	<b>90</b>	<b>80</b>	<b>70</b>	<b>60</b>	<b>50</b> Half Satisfied	<b>40</b>	<b>30</b>	<b>20</b>	<b>10</b>	<b>0%</b> Not At All Satisfied	<b>N/A</b> Not Applicable
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## PLEASE ONLY SELECT ONE ANSWER PER QUESTION.

1. How would you rate Alpha Surgical Inc.'s response to any questions, problems, concerns, and/or comments you brought to their attention?

100%	90	80	70	60	50	40	30	20	10	0%	N/A
<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"/>

2. How would you rate Alpha Surgical Inc.'s delivery of items or services (scheduled time vs. actual delivery time)?

100%	90	80	70	60	50	40	30	20	10	0%	N/A
<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"/>

3. How would you rate Alpha Surgical Inc.'s ability to correctly bill your insurance provider(s)?

100%	90	80	70	60	50	40	30	20	10	0%	N/A
<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"/>

4. How would you rate Alpha Surgical Inc.'s ability in respecting your personal dignity and your cultural, social, and spiritual values?

100%	90	80	70	60	50	40	30	20	10	0%	N/A
<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"/>

5. How would you rate Alpha Surgical Inc.'s ability to protect the privacy and security of your personal health information?

100%	90	80	70	60	50	40	30	20	10	0%	N/A
<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"/>

6. How would you rate Alpha Surgical Inc.'s ability to assess and identify your needs?

100%	90	80	70	60	50	40	30	20	10	0%	N/A
<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"/>

7. How would you rate Alpha Surgical Inc.'s willingness to include you, your family members, and/or your caregivers in the decisions about your care, treatments, and/or services?

100% 90 80 70 60 50 40 30 20 10 0% N/A

8. How would you rate the information and educational materials Alpha Surgical Inc. provided you regarding the care, treatment, and/or services provided?

100% 90 80 70 60 50 40 30 20 10 0% N/A

9. How would you rate Alpha Surgical Inc.'s entry in your residence as it pertains to respecting your property?

100% 90 80 70 60 50 40 30 20 10 0% N/A

10. How would you rate the overall satisfaction with the products and/or services provided to you by Alpha Surgical Inc.?

100% 90 80 70 60 50 40 30 20 10 0% N/A

Comments:

***Thank you for participating in our study.***

The information you have provided will never be used for sales purposes but only for providing better service to you and other customers like you.

Please mail the questionnaire to:

**Alpha Surgical Inc, 1894 Smith St, N Providence, RI 02911**