

Primary Care Support Questionnaire
E-mail: Primary.Support@isofthealth.com
Fax: 1800 500 961

One a scale of one to five (5 being the best and 1 being the worst)

How do you rate iSOFT Primary Care's response time?
1 2 3 4 5

How do you rate iSOFT Primary Care Support's effectiveness?
1 2 3 4 5

Was the support agent you spoke to polite?
Yes No

Were the support agent's instructions clear and helpful?
Yes No

Was your last issue resolved on your first call?
Yes No

Would you be interested in customised reporting for practiX?
Please give details.
_____ Yes No

Would you be interested in extra training?
Yes No

Do you have any plans to increase the number of practiX licences?
Yes No

Do you use private patient claiming?
Yes No

Any other comments? _____

Contact Name: _____ Contact Ph: _____

Practice Name: _____ Client No: _____

Date: _____ Application: Classic / practiX/ Monet