

ENDOSCOPY CENTER OF DAYTON ENDOSCOPY CENTER OF DAYTON NORTH

Thank you for choosing us for your Endoscopy experience. We hope your experience was a positive one. In order to better serve our patients, we would appreciate your comments regarding your care today. Please take a few moments to answer this survey and mail or fax back to our office at the number below. Thank you!

		Poor	Fair	Average	Good	Excellent	N/A
		1	2	3	4	5	
1.	If calling the office prior to your procedure your questions were answered to your satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Greeted in a friendly manner by the front office staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Waiting time in reception area and pre op area were not excessive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Questions were answered sufficiently by the physician and staff involved in your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Endoscopy staff treated you in a courteous and professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Privacy needs were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Likelihood to return to our facility if the need arises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Willingness to recommend our facility to friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If any answer was poor to average (1-3) please tell us why _____

What improvements could be made? _____

Was there any staff member that was particularly helpful today and if so who? _____

At which location was your procedure performed?

Englewood (Samaritan North)

Beavercreek (Indian Ripple Rd)

Fax 836-5221

Date of Procedure _____ Doctor _____

If you would like us to contact you please give us your name and phone number _____