

Dear Patient,

Recently, you were a patient at our center. We hope that your visit was as pleasant as possible.

To help provide you and other patients with the best possible care, please take a moment to answer the following questions.

All answers will be kept confidential. Please return the survey after your post-procedure call.

Thank you.



1. Please rate the courtesy and helpfulness of the front office staff at the center.

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

DON'T REMEMBER

2. Please rate the courtesy and helpfulness of the nursing staff at the center.

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

DON'T REMEMBER

3. Please rate the courtesy and helpfulness of the anesthesia staff if they were involved with your care.

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

DON'T REMEMBER

4. Please rate the overall atmosphere of the facility.

EXCELLENT

VERY GOOD

GOOD

FAIR

POOR

DON'T REMEMBER

5. After returning home, did you have any complications?
If yes, please explain:

Yes

No

6. What pleased you most about your visit to the Endoscopy Center at Robinwood?

7. What pleased you least about your visit to the Endoscopy Center at Robinwood?


8. Would you recommend the Endoscopy Center at Robinwood to your friends or family?
 Yes No If no, please explain why not: _____

Doctor's Name: _____


Your Name (optional): _____

PLACE
STAMP
HERE

PLEASE TAPE TO CLOSE


Robinwood Professional Center
11110 Medical Campus Road, Suite 248
Hagerstown MD 21742

**PATIENT
SATISFACTION
SURVEY**


**Endoscopy
Center at
ROBINWOOD**

Robinwood Professional Center
11110 Medical Campus Road
Suite 248
Hagerstown MD 21742
(240) 313-9800
Fax: (240) 313-9801
www.endoscopycenterat robinwood.com


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11110 Medical Campus Road, Suite 248
Hagerstown MD 21742