It was our pleasure to serve you. Please let us know what you think about the service rendered.

Please check your doctor.

___Dr. Raines ___Dr. Hinkle
___Dr. Seegers ___Dr. Smiarowski
___Dr. Boyce ___Dr. Bhandari ___Dr. Dunn

Name (Optional): _____

Date of Visit: _____

___ I pre-registered/received prep kit instructions in-person at the Clinic office.

___ I pre-registered/received prep kit instructions via phone, internet or another physician.

**E = Excellent G = Good F = Fair P = Poor**

| | E | G | F | P |
|---|---|---|---|---|
| A. Pre-procedure instructions and education about your procedure given by our staff. | ___ | ___ | ___ | ___ |
| B. Professionalism and courtesy of the receptionist and business office personnel. | ___ | ___ | ___ | ___ |
| C. The convenience of having your procedure performed in the Center instead of the hospital. | ___ | ___ | ___ | ___ |
| D. The comfort of the facility (temperature, lighting, furnishings) | ___ | ___ | ___ | ___ |
| E. The personal interest and care shown by our nursing staff. | ___ | ___ | ___ | ___ |

1. Was your procedure scheduled by your family doctor or other specialist? **YES NO**

   If yes, by whom: Dr _____

2. Was your procedure scheduled easily and within a reasonable time period? **YES NO**

3. Did the doctor adequately explain the results? **YES NO**

4. Did the doctor take enough time to answer your questions? **YES NO**

5. Were you satisfied with the overall care given by your doctor? **YES NO**

6. Did you receive a phone call or postcard to see how you were doing after the procedure? **YES NO**

7. Did you receive results of labs, x-rays or biopsies within a reasonable time? **YES NO N/A**

8. Do you access the Internet? **YES NO**

9. What are the most convenient time and day for you to have a procedure?

| | Mon.-Thurs. | Fri. | Sat. |
|---|---|---|---|
| 7:30 a.m. - 12:00 noon | _____ | _____ | _____ |
| 12:00 noon - 5:00 p.m. | _____ | _____ | _____ |
| Evenings | _____ | _____ | _____ |

**AFTER YOUR PROCEDURE**

Please rate your overall experience at the Endoscopy Center.

Excellent Good Fair Poor

What did you like most about the Center?

_____

_____

_____

What did you like least about the Center?

_____

_____

_____

Please list any general comments, suggestions or employees who provided exceptional service.

**Endoscopy Center of Monroe**
316 South 6th Street
Monroe, LA 71201
FAX: 318.327.3110