

Your Evaluation is Important to Us!

Dear Patient:

Please let us know how we did. Once you have completed the evaluation on the other side, please return to us by removing adhesive strip cover. Fold and seal. No postage is required. Thank you!!

Today's Date: _____ Procedure Date: _____ By Doctor: _____

Please take a moment to share any other comments you may have as your comments and suggestions are the most important part of this survey:

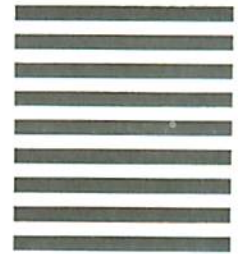


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NECESSARY
IF MAILED
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UNITED STATES

BUSINESS REPLY MAIL
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**SALEM ENDOSCOPY CENTER LLC
875 OAK ST SE STE 3095
SALEM OR 97301-9881**



Patient Satisfaction Survey

1. Your evaluation of the receptionist:
2. Your evaluation of the nurses:
3. Your evaluation of the physician:
4. How well your medical questions were answered:
5. The comfort of the surgery center:
6. The appearance of the surgery center:
7. The phone confirmation before your procedure:
8. Your evaluation of the care you received:
9. The value of any written information you received:

Poor	Average	Excellent

10. Please indicate the areas in which this surgery center can improve:

- Better Magazines in the reception area
Titles I would like: _____
- Friendlier staff
- More information on my condition
- Less waiting time
- More concern from the doctor
- Better parking
- Better beverages in the recovery room after procedure
- Other: _____

11. About how long did you have to wait in the reception area today? _____

12. How do you feel about the time in recovery in this surgery center?

- It is much too long. It is a little too long. It is acceptable.

13. How likely are you to refer your friends and neighbors to this surgery center?

- The care is excellent! I will refer everyone I can to this surgery center.
- The care is good. I will tell friends about the surgery center only if they ask me.
- The care is deficient. I will tell friends not to come to this surgery center.

14. Please select the appropriate age group:

- 19 years old or younger Between 20 and 44 years old
- Between 45 and 64 years old Over 65 years old

15. How did you find out about this surgery center?

- I was referred here by my doctor
- I was referred here by a friend or family member.
- I found this doctor in my medical plan's provider listing.
- Other: _____

Patient Name (optional): _____