

**YOUR FEEDBACK IS
IMPORTANT TO US**

We are happy that you were referred to our center. We hope that your visit was a pleasant one. To assist in our efforts to improve our services, we would appreciate your response to this questionnaire. Your answers are completely confidential. Please complete this form at your convenience and mail it to the below address. Thank you.



ADVANCED ENDOSCOPY CENTER

5500 Broadway, Suite A (2nd Floor)
Bronx, NY 10463
(p) 718.548.7900 (f) 718.548.8900

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Postage
Required

PATIENT CARE

Questionnaire



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1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

1. Patient Registration Process

Poor (1) (2) (3) (4) (5) Excellent

2. Were your questions answered in a courteous and thorough fashion?

Poor (1) (2) (3) (4) (5) Excellent

3. Was the center's staff attentive to your needs?

Poor (1) (2) (3) (4) (5) Excellent

4. Do you feel you were treated with respect, consideration and dignity?

Poor (1) (2) (3) (4) (5) Excellent

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

5. Were your discharge instructions adequately explained to you?

Poor (1) (2) (3) (4) (5) Excellent

6. At any time were you kept waiting for an extended period of time?

Poor (1) (2) (3) (4) (5) Excellent

7. If you were kept waiting for any time, did the staff keep you informed as to the reason for the delay?

Poor (1) (2) (3) (4) (5) Excellent

8. Was your escort treated as a guest and made comfortable while waiting?

Poor (1) (2) (3) (4) (5) Excellent

1=Poor 2=Fair 3=Satisfactory 4=Good 5=Excellent

9. How would you describe your overall experience at our facility?

Poor (1) (2) (3) (4) (5) Excellent

10. Was there any one individual or aspect of your experience that made it easier or more comfortable for you?

- Your physician
- Your anesthesiologist
- Our staff
- A particular staff member: _____

We welcome your comments or suggestions for improvement:

Patient Name (optional):

If you would like to discuss any aspect of your care, please contact the Administrator.

718-548-7900