



***Thank you for choosing the Center to take part in your care.
Please let us know if our services met your expectations.***

	<u>Yes</u>	<u>No</u>
Were you well informed of your procedure date and time and how to prepare for it?	<input type="checkbox"/>	<input type="checkbox"/>
Were our location, parking, and Center access convenient?	<input type="checkbox"/>	<input type="checkbox"/>
Did our registration staff make you feel welcome and complete your check-in efficiently?	<input type="checkbox"/>	<input type="checkbox"/>
Was your waiting time appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Did our staff treat you courteously, professionally, and respectfully?	<input type="checkbox"/>	<input type="checkbox"/>
Did we honor your sense of privacy and confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>
Was the Center clean, comfortable and organized?	<input type="checkbox"/>	<input type="checkbox"/>
Did you get clear follow-up care instructions?	<input type="checkbox"/>	<input type="checkbox"/>
Was your anesthesia experience comfortable and meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>

Optional: Your Doctor is _____

Is there anything you particularly liked about the Center or that we could have done to improve your care? (Use back of this page, as needed.)

If you would like to mail or email this survey please send to:
Rochester Endoscopy & Surgery Center
Attention: Elizabeth Prior
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