

Arizona Gastroenterology Ltd.

Patient Satisfaction Survey

We strive to be a center of excellence. Your opinion makes a difference to us. Our mission is to provide you with the highest quality of medical care, comfort, convenience, and patient satisfaction. We value your feedback regarding your experience to help us to continuously improve. Please complete the following survey.

Date of Consult:	Excellent	Good	Fair	Poor
1. Friendliness/ Courtesy of staff.				
2. You were treated with dignity and respect.				
3. Your admission process.				
4. Explanations the care provider gave you about your problem or condition.				
5. Your understanding of the procedure.				
6. Your understanding of your patients' rights.				
7. The staff and physicians took measures to respect your privacy.				
8. Your understanding of the discharge instructions.				
9. The Center provided quality care.				
10. I would recommend you to family and friends.				

Could we have done anything to have made your visit more pleasant? If, yes, please explain.

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