

OAK LAWN ENDOSCOPY

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

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

Please rate the pre-procedure instructions given by our staff.

Please rate the comfort of the facility (temperature, lighting, furnishings, cleanliness.)

Please rate the convenience of our Center. (parking, location, etc.)

Please rate the post procedure instructions you were given.

Please rate the personal interest shown to you by our personnel.

Please rate your overall experience at Oak Lawn Endoscopy.

Please rate the length of the time you waited in the reception area.

Have your telephone calls been handled in a courteous manner?

Did your physician take enough time to answer your questions to your satisfaction?

Did you wait more than 20 minutes without an adequate explanation?

Was the cost a factor in the decision to use our Center?

Would you recommend our
Center to family or friends?

Would you use Oak Lawn
Endoscopy again?

Do you feel that your privacy was respected?

What did you like most about OLE?

What did you like least about OLE?

Would you like a phone call about this concern?

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

Procedure Physician: _____

Date of Procedure: _____

Name (optional): _____

We are constantly striving to improve our service. Thank you for your help.

[illegible]

HOW DID WE DO?

OAK LAWN ENDOSCOPY
OAK LAWN, IL

OAK LAWN ENDOSCOPY
9921 Southwest Highway
Oak Lawn, IL 60453-3767

☐ Please check box if new address.

FROM:

PLACE
STAMP
HERE