

Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 01 - 13

Primary Payor ID

Physician ID

Patient Account #

0264

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

There was no wait to speak of.
Come on - who really loves a
colonoscopy?

What did you like least about your experience at the facility?

Can't think of one thing!

Any other comments?

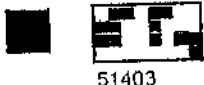
Just wish a patient didn't have
to wait 10 days to hear results of
what taken out of colon.

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09 - 01 - 13

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Please submit your written responses to the following questions in the boxes provided below.

^{LEAST}
What did you like ~~best~~ about your experience at the facility?

OF COURSE "THE CLEANOUT" AS THE TOUGHEST PART!
(OH, AND THE ANTICIPATION OF THE CLEAN-OUT PROCESS)

^{BEST}
What did you like ~~best~~ about your experience at the facility?

THE DOC — THE STAFF & THE PROFESSIONALISM!!

Any other comments?

DR. J AND ALL WERE SUPER! RESPECTFUL, CONSIDERATE
AND UNDERSTANDING — VERY PLEASED WITH THE EXPERIENCE

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What did you like best about your experience at the facility?

Everyone was professional & efficient at their jobs, but more important - they were happy and fun to work with!

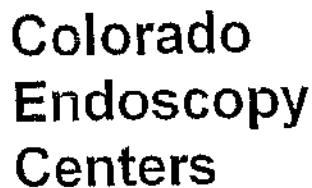
What did you like least about your experience at the facility?

A little rushed, but I realize you had a very full schedule that day.

Any other comments?

I don't know how anyone could make a miserable procedure (colonoscopy) any more enjoyable.

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|---|-------------------------------------|--------------------------|
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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

*The Care before & after The Procedure
was excellent*

What did you like least about your experience at the facility?

Any other comments?

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FACILITY USE ONLY

Date of Service

04 - 12 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Personal care. Husband went to a facility where they moved him in and out so fast that some personal care was lacking. You all do a great job!!

What did you like least about your experience at the facility?

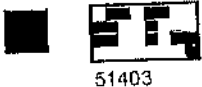
Any other comments?

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04 - 04 - 13

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What did you like best about your experience at the facility?

Everyone was very nice, helpful and friendly.
They worked well and the procedure was on
time.

What did you like least about your experience at the facility?

nothing everything was as perfect as can be.

Any other comments?

Keep up the very good job and thank you. ☺

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What did you like best about your experience at the facility?

EXCELLENT CARE & ATTENTIVE STAFF

What did you like least about your experience at the facility?

NOTHING.

Any other comments?

WOULD RECOMMEND FACILITY TO ANYONE
NEEDING SIMILAR CARE.

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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends?
10. Did you receive discharge instructions?
11. Were the instructions clear?

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 05 - 13

Primary Payor ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The ~~patient~~ Kindness.
To be on time.
the smiling faces.

What did you like least about your experience at the facility?

Any other comments?

Thank you for the wonderful job
and to make me feel safe and
well took care of.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

04 - 04 - 13

Primary Payor ID

Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The care provided was very nice.

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends?
 10. Did you receive discharge instructions?
 11. Were the instructions clear?

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04-12-13

Primary Payer ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Warm blanket

What did you like least about your experience at the facility?

Any other comments?

The staff (all) was very supportive
and caring.

Thanks

Teaf

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





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Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 10 - 13

Primary Payor ID

Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

GREAT STAFF BO

What did you like least about your experience at the facility?

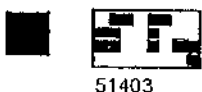
Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04-17-23

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The caring staff & doctor Jensen

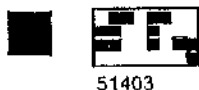
What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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Colorado Endoscopy Centers

Flex sig c
sedation

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 18 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

The entire staff working together made
our 2nd experience at this facility ~~the~~
very enjoyable

Thx again ☺

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends?
10. Did you receive discharge instructions?
11. Were the instructions clear?

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 08 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

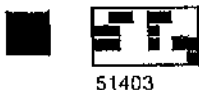
You guys were great -
Thanks for a very pleasant experience -
See you in 10 years.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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Colorado Endoscopy Centers

GI and Endoscopy Services

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Primary Payor ID

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Physician ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Everyone was so kind! I felt very comfortable being there, & felt cared for. Thank you!

What did you like least about your experience at the facility?

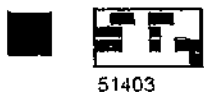
I wish there was a more secure area at the bedside to leave my belongings.

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



C/E



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

1. Reception and registration process
2. Care provided by the nursing staff before your procedure
3. Care provided by the nursing staff during your procedure
4. Care provided by the nursing staff after your procedure
5. Protection of your privacy
6. Cleanliness and appearance of the facility
7. Your overall confidence in the care provided to you by the staff
8. Overall experience at the facility

	1	2	3	4	5	N
<i>yes</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>very</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends?
10. Did you receive discharge instructions?
11. Were the instructions clear?

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 17 - 13

Primary Payor ID

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Physician ID

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0264

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Patient Account #

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Do not write or mark in this box.

51403



51403

Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Glad it is over with for now!

What did you like least about your experience at the facility?

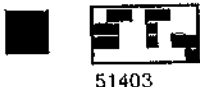
Got it over with

Any other comments?

Very ~~satisfied~~ satisfied

Danthy Edwards -

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

09 - 04 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

feeling of competency

What did you like least about your experience at the facility?

Any other comments?

Very pleased.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

51403



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 23 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Friendly, professional staff

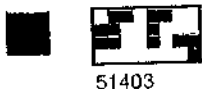
What did you like least about your experience at the facility?

All good

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 25 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

*On time as scheduled
Efficient
Process very clear
Entire staff friendly*

What did you like least about your experience at the facility?

Nothing

Any other comments?

N/A

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

From: Mary Patete
Date: 27 Apr 2013

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

- | | 1 | 2 | 3 | 4 | 5 | N |
|---|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Reception and registration process | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Care provided by the nursing staff before your procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Care provided by the nursing staff during your procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Care provided by the nursing staff after your procedure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Protection of your privacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Cleanliness and appearance of the facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Your overall confidence in the care provided to you by the staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Overall experience at the facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends? ☒ ☐
10. Did you receive discharge instructions? ☒ ☐
11. Were the instructions clear? ☒ ☐

FACILITY USE ONLY

Date of Service
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Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

51403



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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Professionalism & excellent care from both Dr. Jensen & his staff.

What did you like least about your experience at the facility?

N/A

Any other comments?

yes - Thank you all!

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 19 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The care provided by CAROL & The Doctor.

What did you like least about your experience at the facility?

The lack of privacy when conversing in the recovery area.

Any other comments?

Thank You for TAKING such a good care for me & my wife.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

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1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 23 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

THE PROFESSIONALISM OF THE ENTIRE STAFF.

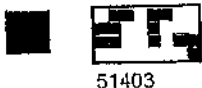
What did you like least about your experience at the facility?

I HAVE NO COMPLAINTS.

Any other comments?

SORRY FOR MY STUPID JOKES, LIKE ACTING AS IF I
COULDN'T WALK WHEN I LEFT. I'M SURE A PROFESSIONAL
LOOKS AT THAT DIFFERENTLY THAN A WANNABE COMEDIAN.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

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1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 29 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Staff were very friendly + professional.

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





51403



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

1. Reception and registration process
2. Care provided by the nursing staff before your procedure
3. Care provided by the nursing staff during your procedure
4. Care provided by the nursing staff after your procedure
5. Protection of your privacy
6. Cleanliness and appearance of the facility
7. Your overall confidence in the care provided to you by the staff
8. Overall experience at the facility

1	2	3	4	5	N
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

*some
confusions
misplaced
papers*

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends?
10. Did you receive discharge instructions?
11. Were the instructions clear?

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

*Thanks for making this procedure
so pleasant as we did. The Movi-Pop was much
easier than the
time.*

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Date of Service

04 - 08 - 13

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The nursing staff and Dr. Jensen were welcoming and reassuring. Though there was some confusion on a few papers, the front receptionist smoothly rectified the situation.

What did you like least about your experience at the facility?

Any other comments?

I commend your staff on their calmness and pleasant attitude.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

Kenneth Bushaw
4/15/2013

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> have no idea (u)
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear? <i>And terribly redundant!</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 15 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Smooth running machine -- or so it seemed.
Everyone seemed professional & efficient.

What did you like least about your experience at the facility?

It is definitely not on my list of favorite
places to visit. Just don't like the place ☺

Any other comments?

I asked for and expected to receive a report
my hemorrhoids. I have yet to hear anything.

I was informed verbally of the detection of
abnormal heart behavior but I see nothing
reported to me about that.

I hope both of these are forthcoming.

Thank you for taking the time to complete this survey and share your ideas. Please
fold the completed survey and return it in the envelope provided. No postage is
necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

04 - 11 - 13

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

EVERYONE VERY FRIENDLY & HELPFUL
DIRECTIONS VERY CLEAR.
NICE TO HAVE DR WITH SENSE OF
HUMOR,
I APPRECIATE ALL THE DIETARY INFORMATION
WHAT TO EAT WHAT TO AVOID.

What did you like least about your experience at the facility?

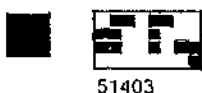
I CHECKED THAT MY HEALTH INFORMATION
NOT BE SHARED WITH MY RIDE, HE
SAID IT WAS SHARED, I DON'T FEEL
COMFORTABLE SHARING DETAILS WITH
HIM

Any other comments?

PLEASE PUT TELEVISION ON CLOSED
CAPTION, THE TWO GENTLEMEN IN
ROOM COULD NOT HEAR.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 18 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The staff! They could not have been kinder or more reassuring. All just lovely people.

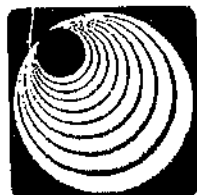
What did you like least about your experience at the facility?

I have absolutely nothing negative to report.

Any other comments?

Dr. Jensen and his staff are the best!

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

04 - 26 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Wonderful nurses during procedure & follow up.
Followed instructions on day before
go home. Didn't receive from your office.

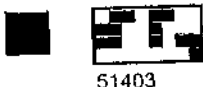
What did you like least about your experience at the facility?

Confusion about "day before" instructions.

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 26 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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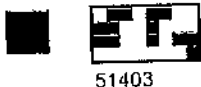
Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

E/
Flex 919

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 20 - 13

Primary Payor ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physician ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Account #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The nurses who prepped me were extraordinarily kind and caring. I was very nervous & they made the experience more comfortable.

What did you like least about your experience at the facility?

I arrived early (between 7 & 7:15) for my 7:15 check in, but waited, ungreeted, until 7:25. It made the experience escalated in terms of my anxiety over the procedure.

Any other comments?

Fix me, please! 😊

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



51403



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 29 - 13

Primary Payor ID

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Physician ID

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Patient Account #

□ □ □ □ □ □ □ □

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



48



Colorado Endoscopy Centers

S.G

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

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	1	2	3	4	5	N
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2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends?
 10. Did you receive discharge instructions?
 11. Were the instructions clear?

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 01 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The staff is cheerful & respectful
the each patient may be afraid,
nervous and hungry, etc -

What did you like least about your experience at the facility?

Any other comments?

Dr. Jensen presents with a great
sense of humor which helps to alleviate
worries and concerns about his
procedures.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 25 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 25 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Friendliness and organization of everyone involved.

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





51403



Colorado Endoscopy Centers

GI and Endoscopy Services

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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

9. Would you recommend the facility to family members or friends?
 10. Did you receive discharge instructions?
 11. Were the instructions clear?

Y	N
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 29 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

That it is smooth and calming
For what you do for me
As a patient.

What did you like least about your experience at the facility?

DON'T HAVE ANY.

Any other comments?

NICE FACILITY!
Thank you (3RD TIME there)

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

04 - 29 - 13

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Very friendly staff, nurses, doctor
made me feel at ease

What did you like least about your experience at the facility?

Nothing

Any other comments?

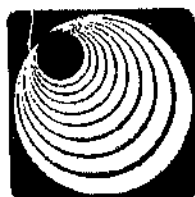
no

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





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Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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FACILITY USE ONLY

Date of Service

04 - 25 - 13

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Discharge...

What did you like least about your experience at the facility?

Any other comments?

Disappointed to learn that Movi Prep wasn't more effective & that colonoscopy irrigation had to be used & that the colon still lacked the expected results.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

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4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 02 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?



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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Personal Care

What did you like least about your experience at the facility?

Any other comments?

Two inch abrasion on the left side
of the buttock near the anus
still...



51403



Colorado Endoscopy Centers

*Vicki
Angie*

E

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 13 - 13

Primary Payor ID

Physician ID

Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The nursing staff was friendly & courteous yet very professional

What did you like least about your experience at the facility?

I did not like the fact that I was the only one that seemed to know I had an EGD scheduled. During check-in it was assumed my wife was there for a colonoscopy.

Any other comments?

The only apology we received was from the gal who was trying to check ~~under~~ my wife in for a colonoscopy.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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	1	2	3	4	5	N
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5. Protection of your privacy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 13 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Friendly nursing staff.

What did you like least about your experience at the facility?

My paperwork was lost & I had to fill out all of the forms again.

Any other comments?

I waited almost 20 minutes on the day of my appointment before any staff member greeted me.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 21 - 11

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Friendlyness of the staff.

What did you like least about your experience at the facility?

Person checking me in had trouble getting Computer to print labels after loading labels. Said this happens a lot. She didn't seem to know what to do at that station. Perhaps a review is necessary.

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



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Colorado Endoscopy Centers

GI and Endoscopy Services

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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

already have

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Date of Service	Primary Payor ID	Physician ID
08 - 02 - 13	483269849	
		Patient Account #
0264		

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Everything

What did you like least about your experience at the facility?

nothing

Any other comments?

Kathleen Mulder

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 27 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

I was extremely nervous but the staff was very pleasant & upbeat which resolved many apprehensions.

What did you like least about your experience at the facility?

N/A

Any other comments?

N/A

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

08-27-13

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

It was quick, comfortable and professional

What did you like least about your experience at the facility?

Nothing

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

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Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

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Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

EVERYONE WAS FRIENDLY!!

What did you like least about your experience at the facility?

Any other comments?

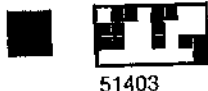
WILL TELL OTHER FOLKS ABOUT
MY POSITIVE EXPERIENCE!

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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Colorado Endoscopy Centers

GI and Endoscopy Services

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 08 - 13

Primary Payor ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physician ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Account #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The people who work there are
kind + friendly.

What did you like least about your experience at the facility?

lack of privacy in terms of
curtains rather than walls.
(we can hear each other.)

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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	1	2	3	4	5	N
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

08 - 08 - 12

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Very professional staff; helpful and sincere.

What did you like least about your experience at the facility?

Nothing

Any other comments?

N/A

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

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	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 05 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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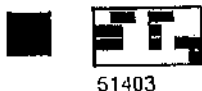
Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

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Colorado Endoscopy Centers

GI and Endoscopy Services

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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

08 - 29 - 13

Primary Payor ID

Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

No Comment

What did you like least about your experience at the facility?

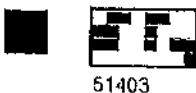
No Comment

Any other comments?

No Comment

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

08 - 27 - 13

Primary Payor ID

Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Nursing Staff- provided excellent service

What did you like least about your experience at the facility?

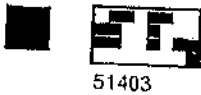
No comment,

Any other comments?

No.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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	1	2	3	4	5	N
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4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 27 - 13

Primary Payor ID

Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Personal Care

What did you like least about your experience at the facility?

Any other comments?

Two inch abrasion on the left side
of the buttock near the anus
still experiencing irritation after one week.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



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Colorado Endoscopy Centers

GI and Endoscopy Services

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Please mark the box to indicate YES or NO to the following questions.

	Y	N
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FACILITY USE ONLY

Date of Service

08 - 09 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Professional interaction with Dr., nurses, and staff. Everyone made an effort to help.

What did you like least about your experience at the facility?

Having the need to use the facility's services.

Any other comments?

No

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

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Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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FACILITY USE ONLY

Date of Service

08 - 16 - 13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Very professional

Personnel interaction and caring

What did you like least about your experience at the facility?

Any other comments?

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Colorado Endoscopy Centers

GI and Endoscopy Services

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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 15 - 13

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





51403

Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

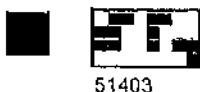
Any other comments?

I would like a follow up call after my barium enema/X-ray results are in. It wasn't clear if that would happen when I left that facility.

direct message to call

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 29 - 13

Primary Payor ID

Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

This was my first colonoscopy, and the entire staff put me at ease. Everyone was friendly. Very important for anyone that is nervous about the procedure.

What did you like least about your experience at the facility?

Well, I never like having an IV put in. But that's a necessary part!

Any other comments?

I can't think of anything that could have been done better. Thanks!

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





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Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

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	1	2	3	4	5	N
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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

08 - 27 - 13

Primary Payor ID

Physician ID

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

FRIENDLY AND PROFESSIONAL STAFF

What did you like least about your experience at the facility?

NO COMPLAINTS - NO WORRIES

Any other comments?

SUGGESTED TO LINDA A MINOR CLARIFICATION
OF PREPARATION INSTRUCTIONS REGARDING
STEP 4+5

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Thank you, Joe T. Champion

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Date of Service

08 - 27 - 13

Primary Payor ID

Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Staff was great! Dr. Rector was professional, caring, and informative!

What did you like least about your experience at the facility?

n/a

Any other comments?

A very positive experience!

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



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Colorado Endoscopy Centers

GI and Endoscopy Services

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4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

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Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

51403



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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Caliber and expertise of physician and nursing staff.
Convenience of scheduling and approval by doctor.

What did you like least about your experience at the facility?

No shortcomings or items needing improvement.

Any other comments?

Would highly recommend to friends and family.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

B, F



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

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	1	2	3	4	5	N
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2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 22 - 13

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

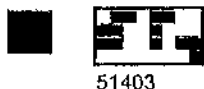
What did you like best about your experience at the facility?

Scheduled Procedure was on time and
Clerical explained ahead of time

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

it was asleep

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 23 - 13

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403



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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The friendly nurse prior to my procedure.
She was wonderful. (Her name began with "M")
The Doc was great too.
Thank you!

What did you like least about your experience at the facility?

Nothing.
(I was pretty crampy after I got home.)

Any other comments?

I saw 2 friends Sat. whom have not experienced a colonoscopy. I told them, it wasn't a big deal and go get one done.

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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	1	2	3	4	5	N
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 21 - 11

Primary Payor ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physician ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Account #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

DR. JENSEN'S ATTENTION TO DETAIL &
HIS SENSE OF HUMOR RELAXES THE
SITUATION.

What did you like least about your experience at the facility?

nothing

Any other comments?

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Colorado Endoscopy Centers

GI and Endoscopy Services

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Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 116 - 113

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

sleeping

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 22 - 13

Primary Payor ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physician ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Account #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

What did you like least about your experience at the facility?

Any other comments?

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Colorado Endoscopy Centers

GI and Endoscopy Services

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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 12 - 13

Primary Payor ID

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Physician ID

□ □ □ □ □ □ □ □

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Patient Account #

□ □ □ □ □ □ □ □

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

It WAS done quickly no pain
after ward on discomfort.

What did you like least about your experience at the facility?

Every thing was alright

Any other comments?

it's The terrible medicine you have
to take to clean you out.

YAK - YAK



Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 15 - 12

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Very informative and caring and friendly

What did you like least about your experience at the facility?

0

Any other comments?

*Thank you
for a painless,
good experience!
😊
Lant White*

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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	1	2	3	4	5	N
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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

08 - 02 - 13

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

THE STAFF WERE VERY FRIENDLY AND MADE
ME FEEL VERY AT EASE ABOUT THE
PROCEDURE

What did you like least about your experience at the facility?

THERE WAS NOTHING

Any other comments?

I WOULD HIGHLY RECOMMEND YOUR FACILITY
THANK YOU FOR EVERYTHING

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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Date of Service

08-12-13

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

all of the staff was great - they explained everything. ~~It~~ they made the whole process easy

What did you like least about your experience at the facility?

n/a

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

GI and Endoscopy Services

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	1	2	3	4	5	N
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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08-12-13

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The nursing staff is so caring and efficient. Also Dr. Jensen's demeanor makes one comfortable. You know you are in good hands.

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	Y	N
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Physician ID

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Patient Account #

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Please submit your written responses to the following questions in the boxes provided below.

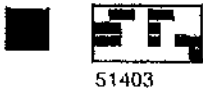
What did you like best about your experience at the facility?

Everyone was so friendly
Everyone showed so much care getting
a person ready for their procedure
THANKS TO ALL.

What did you like least about your experience at the facility?

Any other comments?

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.



Colorado Endoscopy Centers

DBL, E/c

GI and Endoscopy Services

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	1	2	3	4	5	N
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2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08 - 113 - 13

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





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Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

Thank you to all for taking
care of my son so well.
He stated you guys were all great
to him 😊

What did you like least about your experience at the facility?

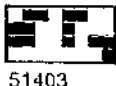
N/A

Any other comments?

N/A

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for helping us to improve the services we provide to our patients and their families.

Please mark the box that best describes the quality of your experience at this facility.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

08-15-13

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





51403

Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

The Warm Blanket

What did you like least about your experience at the facility?

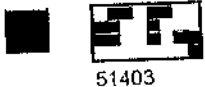
The Needle in my hand.

Any other comments?

No

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.





Colorado Endoscopy Centers

GI and Endoscopy Services

Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N=Not Applicable

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Please mark the box to indicate YES or NO to the following questions.

	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FACILITY USE ONLY

Date of Service

04 - 19 - 13

Primary Payor ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Physician ID

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Account #

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0264

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Do not write or mark in this box.

51403





51403

Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?

the friendly

What did you like least about your experience at the facility?

none

Any other comments?

*Thank you
Don DeRosier*

Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

