



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.

Please mark the box that best describes the quality of your or Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-E: 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 Please mark the box to indicate YES or NO to the following. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions?	xcellent N=Not Applicable 1 2 3 4 5 N
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 Please mark the box to indicate YES or NO to the follows. 9. Would you recommend the facility to family members or friends?	
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 Please mark the box to indicate YES or NO to the follows: 9. Would you recommend the facility to family members or friends?	
Please mark the box to indicate YES or NO to the follows: 9. Would you recommend the facility to family members or friends?	wing questions.
Would you recommend the facility to family members or friends? Did you receive discharge instructions?	
1. Were the instructions clear?	
FACILITY USE ONLY	
Primary Payor ID O 2 6 4 Copyright 2004 Health Inventures to not write or mark in this box.	Physician ID Patient Account #



What did you like best about your experi	ience at the facility?
Defore procedure. E about doing their	Everything explained iveryone is excited gob. (of course I was
What did you like least about your exper	Jongo et the Taylor
, about your exper	Jeune at the tacility?
Nothing!	
, 0 .	
Алу 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.

Copyright 2004 Health Inventures



the company of the control of the co









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.

and their families	6.
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-	
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. Cleanline'ss 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
Please mark the box to indicate YES or NO to the following	Owing guestions
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 Primary Payor ID O 4 - 111 - 14	Physician ID Patient Account #
Copyright 2004 Health Inventures Do not write or mark in this box.	51403



What did you like best about your experience at the facility?
I felt all sliff members were paying class
attention to all things necessary to make this
procedure go along smoothly justiout problems
Last was very pleasant, but nothing or
The patient, & appreciated their aditude.
the portunity on appreciation of the sections.
What did you like least about your experience at the facility?
The prep!
·
Any other comments?
Keep up the good work, your patients
really appreciate it!

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.

Copyright 2004 Health Inventures



and the control of th







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.

neiping us to improve the services we	provide to our patients and their famili	Maga-paid envelope. Thank you for
Please mark the box that	best describes the quality of you	If experience at this faction
Scale Definition: 1-Poor 2-	Below Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration process. Care provided by the nursing state. Care provided by the nursing state. Care provided by the nursing state. Protection of your privacy. Cleanliness and appearance of the cast. Your overall confidence in the cast. Overall experience at the facility. 	off before your procedure off during your procedure off after your procedure the facility	
Please mark the bo	ox to indicate YES or NO to the f	ollowing questions.
Would you recommend the faciling the faciling of the faci	Ity to family members or friends? actions?	Y N
	FACILITY USE ONLY	
1946 of Service	Primary Payor ID	Physician ID
0264 onet write or mark in this box.	Copyright 2004 Health Inventures	Patient Account #
		51403



What did you like best about your exp	erience at the t	facility?	
. Staff			
What did you like least about your exp	erience at the	facility?	
		1	
		<u> </u>	
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.









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 supposition

possible by completing this short survey and mailing it back to us in the postage helping us to improve the services we provide to our patients and their families	continuing to provide the best care pe-paid envelope. Thank you for
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
Please mark the box to indicate YES or NO to the following	owing 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	
Primary Payor ID	Physician ID Patient Account #
O not write or mark in this box.	53403



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

The cape I got before my

PROCEDURE, From the nurse with

the Squeaky Shoes. I also have

that shoe problem.

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

Any other comments?

DR JENSEN 18 ONE teperfice Doctor!

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.









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.

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 a-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 si 8. Overall experience at the facility	
Please mark the box to indicate YES or NO	to the following questions
9. Would you recommend the facility to family members or fright. 10. Did you receive discharge instructions? 11. Were the instructions clear?	
FACILITY USE ONI.	V
Date of Service Primary Payor ID O 2 6 4 Copyright 2004 Health Inventor not write or mark in this box.	Physician ID Patlent Account #



What did you like best about your expe	rience at the facility?
What did you like least about your expe	rience at the facility?
In overall it w	a jour experience.
It was a busy	morning but at
the end of the	procedure I felt
assembly live, m	I been through and a being the product.
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.









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.

Please mark the box that b	est describes the quality	of vo	ur experien	ce at this	facility	P - 11 %
		ļ				_
Scale Definition: 1-Poor 2-B	elow Average 3-Average 4	Good	5-Excellent	N=Not Ap	plicable	
 Reception and registration proce Care provided by the nursing sta Care provided by the nursing sta Care provided by the nursing sta Protection of your privacy Cleanliness and appearance of the Your overall confidence in the call Overall experience at the facility 	ff before your procedure ff during your procedure ff after your procedure he facility).)aff		2 3		
Please mark the bo	x to indicate YES or NO	o the f	ollowing q	uestions.		
9. Would you recommend the facili 10. Did you receive discharge instru 11. Were the instructions clear?	ty to family members or fri	•]
<u> </u>	FACILITY USE ON	Y				
Date of Service OH-2H-IH	Primary Payor ID		Physic Patien	t Accoun	t #	
Oo not write or mark in this box.	Copyright 2004 Health Inven	lures			51403	
					3/403	



What did you like best about your expe	rience at the facility?
Everyone was very nice	
What did you like least about your expe	rlence at the facility?
Having to prepare for	
-	
Any other general 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

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.

2)000	provide to our patients and th	¢ir (ami	lies,
riease mark the box that	best describes the quality	of you	ur experience at this facility.
Scale Definition: 1-Poor 2-I	Below Average 3-Average 4	Good	5-Excellent N=Not Applicable
1. Reception and registration process. Care provided by the nursing states. Care provided by the nursing states. Care provided by the nursing states. Protection of your privacy. Cleanliness and appearance of the Care overall confidence in the case. Overall experience at the facility.	aff before your procedure aff during your procedure aff after your procedure the facility are provided to you by the s		
Please mark the bo	ox to indicate YES or NO t	o the f	Ollowing questions
Would you recommend the facil Did you receive discharge instri Were the instructions clear?	ity to family members or fris		Y/N Y/N V/
	EACH TWILLIAM CAN		
Oate of Service, 27 O 2 6 4 O not write or mark in this box.	Primary Payor ID Primary Payor ID Copyright 2004 Health Invent		Physician ID Patient Account #
			51403



What did you like best about your expe	rience at the facility?
	p made merter Revayor
	the second secon
What did you like loopt phout your own	
What did you like least about your expe	rience at the facility?
NA	•
/	
	· //
	•
Any other comments?	,
COLLON'T HAVE GOVE SX	noother,

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.

Copyright 2004 Health Inventures



and the second s



gather swigtering members as a constraint of all



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.

Please mark the box that best describ	es the quality (of your experient	ce at this facili	ty.
Scale Definition: 1-Poor 2-Below Averaç	j.			
1. Reception and registration process 2. Care provided by the nursing staff before you 3. Care provided by the nursing staff during you 4. Care provided by the nursing staff after your 5. Protection of your privacy 6. Cleanliness and appearance of the facility 7. Your overall confidence in the care provided 8. Overall experience at the facility	or procedure or procedure procedure lo you by the sta	1 	2 3 4	5 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
Please mark the box to indicate 9. Would you recommend the facility to family noted that the second indicate in the facility to family noted that you receive discharge instructions? 11. Were the instructions clear?			restions. Y M F F F F F F F F F F F F	N
FACIL	ITY USE ONLY			
Date of Service Primary Page 14		Physici Patient	Account #	



The personal care provided by the nursing steff.

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

The nurse who was setting up the IV had difficulty. The had to stick me twice of the withe nurse who was into reductor for the procedure had to stick we again because the questheria was not going into a rein. Those I hemational now,

Any other comments?

The preparation for a colonosicopy is pretty harch on the body. I'm glad I am too old to have to go through that 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.

Copyright 2004 Health Inventures



ranners, om en gren i State og til sam i Statisk gjallagt og fill til statisk bligtet for skillet fra skillet





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 staf 3. Care provided by the nursing staf 4. Care provided by the nursing staf 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the car 8. Overall experience at the facility Please mark the books.	f before your procedure f during your procedure f after your procedure ne facility	1 2 3 4 5 N
9. Would you recommend the facilit 10. Did you receive discharge instru 11. Were the instructions clear?	y to family members or friends?	
	FACILITY USE ONLY	
Date of Service O4 - 23 - 14 O264 Do not write or mark in this box.	Primary Payor (D Copyright 2004 Health Inventures	Physician ID Patient Account # 51403



What did you like best about your exp	perience at the facility?
,	
	•
What did you like longt shout	
What did you like least about your exp	perience 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.









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 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 Protection of your privacy 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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.

31403



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

I was transfed well to the time schedule was

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

The Gas after the treetment.

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.

Copyright 2004 Health Inventures

51403







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.

Please mark the box that b	est describes the quality of	your experience at this facility.
Scale Definition: 1-Poor 2-B	elow Average 3-Average 4-Go	ood 5-Excellent N=Not Applicable
1. Reception and registration proce 2. Care provided by the nursing sta 3. Care provided by the nursing sta 4. Care provided by the nursing sta 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the ca 8. Overall experience at the facility	If before your procedure If during your procedure If after your procedure The facility The provided to you by the staff	
Please mark the bo	x to indicate YES or NO to t	he following succei
9. Would you recommend the facili 10. Did you receive discharge instru 11. Were the instructions clear?	ly to family members or friend.	
	FACILITY USE ONLY	
04 - 29 - 14 0264 000 not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventure	Physician ID Patient Account # s



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

The staff who checked me in, took my vitals, and did
my IV were all anssome and incredibly comforting. They
really helped to calm my nerves!

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

Having to have a colonoscopy. i

Any other comments?

It was an nice of an experience as a medical procedure could be. Excellent work, all around!

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.

Copyright 2004 Health Inventures





Burner of the second of the se







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.

Please mark the box that t	est describe	s the quality	of vo	III experience at this face:
	elow Average ss ff before your ff during your	3-Average 4 procedure		5-Excellent N=Not Applicable
 Cleanliness and appearance of the cast of	re provided to	YES or NO to	the f	following questions.
Did you receive discharge Instru Were the instructions clear?	octions?	Y USE ONLY		
Oate of Service O4-25-14 O264 Oo not write or mark in this box.	Primary Pay			Physician ID Patient Account #



	- · · · ·	
What did was Ith		
What did you like best about your expe	rience at the	facility?
		:
		!
		·
What did you like least about your expe	rience at the	i facility?
		:
		·
	 	
Any other comments?		•
-		
_		i.
	}	
		:
		·

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.







Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are welf 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 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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



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

and	your c	OUCH UEV	y well,	you fee	l like you	are hou
quoa	l Nands	, Thank	y ou			
						-
hat die	d you like l	east about yo	our experier	ice at the fac	illty?	
				-		
ny oth	ier comme	nts?			<u> </u>	
						And the second of
-			·			

Copyright 2004 Health Inventures

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.





s i e ske raje tele kal







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 in

possible by completing this short survey and mailing it back to us in the postage helping us to improve the services we provide to our patients and their families	continuing to provide the best care e-paid envelope. Thank you for
Please mark the box that best describes the quality of your e	
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-E	
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
Please mark the box to indicate YES or NO to the foll	owing 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 Primary Payor ID O 2 6 4	Physician ID Patient Account #
O not write or mark in this box.	51403



What did you like best about your experience at the facility?	
EXCELLENT STAPF & FACILITY.	 -
What did you like least about your experience at the facility?	
What did you like least about your experience at the facility?	
What did you like least about your experience at the facility?	
What did you like least about your experience at the facility? //o7741Ng /	
What did you like least about your experience at the facility? //o/7//////g /	
What did you like least about your experience at the facility? //o/7/fing /	
What did you like least about your experience at the facility? //o/7////////////////////////////////	

Any other comments?

GOOD JOB TO ALL OF YOU.

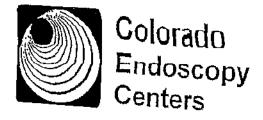
Thank you Tom True

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.









Thank you for choosing this facility for your procedure. We hope your experience was a positive one

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	our experience at this facility
Scale Definition: 1-Poor 2-Below Average 2 Average	manuty,
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Goo	od 6-Excellent N=Not Applicable
Reception and registration process	1 2 3 4 5
Care provided by the nursing staff before your procedure Care provided by the	
Care provided by the nursing staff during your procedure Care provided by the nursing staff during your procedure	
4. Care provided by the pursing class - turning 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	
B. Overall experience at the facility	
Please mark the box to indicate YES or NO to the	
9. Woteld vott room	rollowing questions,
 Would you recommend the facility to family members or friends? Did you receive disable to a limit to family members or friends? 	YN
- 1- you receive discharge instructions?	
1. Were the instructions clear?	
Page 2 of Patient information booklet is incomplete sentence or is missing.	an U
to measing.	- page,
FACILITY USE ONLY	
ate of Service Primary Payor ID	Physical and
	Physician ID
] [
	╸╸╸
0264	Patlent Account#
O 2 6 4 Copyright 2004 Health inventures	Patlent Account #
0 2 6 4 Copyright 2004 Health Inventures to not write or mark in this box.	Patlent Account #

MANNA CHANGE THE STATE OF THE S



What did you like best ab	out your experience at the facility?
No gas after	procedure.
•	
·	
What did you like least ab	out 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.









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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience	e at the facility?
Friendly Staff	
Afford all a vice the	
What did you like least about your experience	e at the facility?
N/A	
Any other comments?	
	and the second s
	Magaziri.

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.









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.

Places may the services we p	rovide to our patients and their famil	lies.
Thease mark the dox that b	est describes the quality of you	or experience at this facility.
Scale Definition: 1-Poor 2-Be	elow Average 3-Average 4-Good	5-Excellent N=Not Applicable
1. Reception and registration proces 2. Care provided by the nursing staf 3. Care provided by the nursing staf 4. Care provided by the nursing staf 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the car 8. Overall experience at the facility	ss If before your procedure If during your procedure If after your procedure If after your procedure	
Please mark the bo	x to indicate YES or NO to the	following questions.
 Would you recommend the facilities. Did you receive discharge instructions clear? 	ty to family members or friends?	
	FACILITY USE ONLY	
Date of Service -	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account #
Be are write or mark in this box.		51403



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.









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 malling 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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?	
Friendly + programme. Luy	_
Carenge	
y	-



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 reversal of the Versed in Alurian were very nece!

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

Had to wait 40 minutes part the time of was told to arrive.





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 a sist 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 familles.

Please mark the box that be	st describe	s the quality	of you	ur experien	ce at this	facili	y.	
Scale Definition: 1-Poor 2-Be	low Average	3-Average 4	Good	5-Excellent	N≅Not Ap	plicab	le	
1. Reception and registration proces 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the care 8. Overall experience at the facility	before your during your after your pi e facility	procedure rocedure	laff	1	2 3	4 		
Please mark the box 9. Would you recommend the facilit 10. Did you receive discharge instru 11. Were the instructions clear?	y to family m	<u>-</u>		fallowing (questions	Y X X	N 	
	FACILI	TY USE ON	.Y					
Date of Service 04-23-14 0264 Do not write or mark in this box.	Primary Pa	oyor ID	ntures		Ician ID	nt #	03	



What did you like best about your expe	rience at the facility?
no chaos- eve	rything run smoothly- whete no question wed over
ignored or glo	and over
What did you like least about your expe	rience at the facility?
	,
Any other comments?	
Outstanding	doctor and staff.
Everyone in tr	doctor and staff.

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.









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 be	st describe:	s the quality	of yo	ur experier	ice at	this faci	ity,	
Scale Definition: 1-Poor 2-Be	low Average	3-Average 4	Good	5-Excellen	N≒Nc	ot Applica	able	 1
1. Reception and registration proces 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the can 8. Overall experience at the facility	s f before your f during your f after your pr e facility	procedure procedure ocedure		1	2		5 回 图	
Please mark the box 9. Would you recommend the facilit 10. Did you receive discharge instructions clear?	y to family m			following (questi	ons. Y W W	N	
	FACILI	TY USE ON	Y					عند
0264 00 00 not write or mark in this box.	Primary Pa		ntures		nt Acc	count#	403	



What did you like best about your expe	rtence at the facility?
Governal Dead unisic in pre-	ор
What did you like least about your expe	rience at the facility?
Country music at cheek.	
	·
•	
Any other comments?	
	<u> </u>

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.







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 be	st describes the quality of	of you	ur experience at this facility.	ĺ
Scale Definition: 1-Poor 2-Be	low Average 3-Average 4	 Good	5-Excellent N=Not Applicable	1
1. Reception and registration proces 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the car 8. Overall experience at the facility	before your procedure during your procedure after your procedure efacility a provided to you by the state.		1 2 3 4 5 N	
Please mark the bo	to indicate YES or NO &	o the	following questions.	I
9. Would you recommend the facilit 10. Did you receive discharge instru 11. Were the instructions clear?	y to family members or frie		Y N	-
	FACILITY USE ONL	· ····		_
0264	Primary Payor ID Copyright 2004 Health Inven		Physician ID Patient Account # 51403	



particular stranger and and control of

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

	:
What did you like best about your ex	
By The Control of the	charience at the facility?
Every Thing we	e + T well
What did you like least about your ex	perience at the facility?
HAVING PS	
6/9/5	
	·
	į.
A	
Any other comments?	
	j.
Thank you for taking the si	
fold the completed survey and	πplete this survey and share your ideas. Please

eturn it in the envelope provided. No postage is necessary.







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 bes	t describes the qu	ality of your ex	xperience at thi	s facility.
Scale Definition: 1-Poor 2-Beld				
 Reception and registration process Care provided by the nursing staff of the staff	before your procedu during your procedure after your procedure	re	1 2 3	
Please mark the box	to indicate YES or	NO to the follo	owing question	s.
9. Would you recommend the facility 10. Did you receive discharge instruc 11. Were the instructions clear?		or friends?		
	:			
04-25-14	FACILITY USE Primary Payor ID Copyright 2004 Health		Physician ID Patient Acco	unt #



What did you like best about your expe	rience at the facility?
PHINTE	and thomas in
Private , private , private , clean eximme	
clean enumme	7,20
	·
What did you like least about your expe	rience at the facility?
	at the facility?
/	;
	:
Any other comments?	
GOOD ANDSTAGTA	EX DE LACE
GOOD MINES I HOLL	

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.









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 be	st describes the quality of y	your experience at this facility.
and the second s		
Scale Definition: 1-Poor 2-Bel	low Average 3-Average 4-God	od 5-Excellent N=Not Applicable
	-	4 2 2 4 5 11
1. Reception and registration process	s :	
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	e facility	
7. Your overall confidence in the care	e provided to you by the staff	
8. Overall experience at the facility		
Please mark the box	to indicate YES or NO to the	ne following questions.
9. Would you recommend the facility	v to family members or friend	. T. C.
10. Did you receive discharge instruc		" <u>त</u>
11. Were the instructions clear?		
, and the mean and the dead,		
	FACILITY USE ONLY	
Date of Service		
	Primary Payor ID	Physician ID
[OP] - [19] - [14]		
	:	Patient Account #
U264	Copyright 2004 Health Inventure	25
Do not write or mark in this box.	:	E4402
		51403



What did you like best about your expe	rience at the	facility?
Deras made tofelvery Deras had been that I rece I was descharged.	wed he	y results before
What dld you like least about your expe	rlence at the	facility?
Every thing was ege	at.	wonity i
		!
Any other comments?		
		
	<u> </u>	· ·
		:
		1 •
	<u> </u>	
		:

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.









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 be	st describes the quality	of your e	xperience at this t	acility.	
Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4	Good 5-E	xcellent N=Not Ap	olicable	
I. Reception and registration process Care provided by the nursing staff Care provide	before your procedure during your procedure after your procedure e facility	aff	1 2 3	4 5	
Please mark the box	to indicate YES or NO	o the foll	owing questions.		
9. Would you recommend the facilit 10. Did you receive discharge instruc 11. Were the instructions clear?	· · · · · · · · · · · · · · · · · · ·	ends?		и Ү Д Д Д	
	FACILITY USE ON	ΥΥ			
04 - 23 - 14 0264	Primary Payor ID Copyright 2004 Health Inver	ntures	Physician ID Patient Accour	nt #	
Do not write or mark in this box.				51403	



What did you like best about your expe	 rience at the facility?
This was a very I	hard exam to schedule to do it but DR Mode me feel Very Xcellent
What did you like least about your expe	rience at the facility?
	aveno facility i
	·
•	
•	
Any other comments?	
	Great Bb Thank You!
	·

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.







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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?
She frankliness & competency of the staff and Dr. put me at ease & I had no concurred.
What did you like least about your and the
What did you like least about your experience at the facility?
·
Any other comments?
I liked having the Brint - pits
I liked having the print-outs Hyplaining the results and the pictures made it easier to understand.

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.









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 lous. Please po he

possible by completing this short survey and mailing it back to us in the posta 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 Scale Definition. A Scale Definition.	CXDerience at Alice
Scale Definition: 1-Poor 3 D. I	experience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5	-Excellent N=Not A 1
Reception and registration process	1 2 3 4 5 N
Care provided by the nursing staff before your procedure Care provided by the nursing staff before your procedure	
- s. o provided by the nursing staff during vous-	
4. Care provided by the nursing slaff after your procedure	
5. Protection of your privacy	
5. Cleanliness and appearance of the facility	
7. Your overall confidence in the care provided to you by the staff	
3. Overall experience at the facility	
Please mark the box to indicate YES or NO to the fo	
9. Would you recommend to	nowing questions.
9. Would you recommend the facility to family members or friends?	Y N
10. Did you receive discharge instructions? 11. Were the instructions clear?	[Z] []
in vere the lustractions clear?	
Alpdt i	
a second dieds ([文]
a salatio diedi (対口
FACILITY USE ONLY	
FACILITY USE ONLY	Physician 19
FACILITY USE ONLY	Physician ID
FACILITY USE ONLY	
Pate of Service Primary Payor ID 0 4 - 03 - 14	Physician ID Patient Account #
Primary Payor ID 24-03-14 Copyright 2004 Health Inventures	
Primary Payor ID O 4 - 03 - 14	



Letter the Secretary Secretary

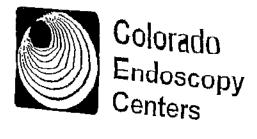
Please submit your written responses to the following questions in the boxes provided below.

What did you like best about your experience at the facility?
P
in all was nery helpful
& splaning what wan happening
tomeryone was very helpful in explaning what was happening to me feel very comfortable
نه
What dld you like least about your experience at the facility?
A my -41
Any other comments?
and the second
<u> </u>

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.







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 strongerife	·· Formitte OUG
Your comments and suggestions are very important to us. Please assist us possible by completing this short survey and mailing it back to us in the post helping us to improve the services we provide to our patients and their family please mark the box that best describes to	in confine
Please mark at the services we provide to our patients and their family	age-paid envelope. Thank you
many the box that best describes the quality of unit	les. You for
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good	r experience at this facility.
3-Average 4-Good	S-Excallent 41
1 Recording	Accelent N=Not Applicable
Reception and registration process	1 2 3 4 5 11
2. Care provided by the purchase term	
TO THE THE SHIP CHAPTER	
- Foot buyaco	
6. Cleanliness and appearance of the factorial	니무무무
7. Your overall confidence in the care provided to you by the staff	
Overall experience at the facility	- 1 1 1 1 1 1 1 1
Please mark the box to indicate VSS	
Please mark the box to indicate YES or NO to the fo	llowing questions.
9. Would you recommend the facility to family members or friends? 10. Did you receive discharge to the family members or friends?	YN
discriarge (astructione)	
Were the instructions clear?	, X
	MI
	<i>—</i> —
FACILITY USE ONLY	
Primary Payor ID	Physician ID
)264	Patient Account#
o not write or mark in this box.	
	51403
	



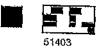
-				t the facility?		
	Cone	provid	ded in	os Extap	lesto.	
at did y	you like lea	st about your	experience :	at the facility	?	
					· -	
	-					
						
ny other	comments	?				
						
	N	one				
						

Copyright 2004 Health Inventures

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.









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	f your experience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-G	ood 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 Please mark the box to indicate YES or NO to	
9. Would you recommend the facility to family members or friend 10. Did you receive discharge instructions? 11. Were the instructions clear?	
FACILITY USE ONLY	
Oate of Service Primary Payor ID O 2 6 4 Copyright 2004 Health Inventum On not write or mark in this box.	<u> </u>
	51403

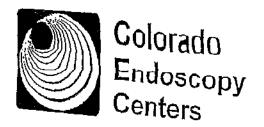


What did you like best about your expe	rience at the f	acility?
For what I am do	ing-6	reat
What did you like least about your expe	rience at the f	acllity?
Everything was excel	. :	
Any other comments?		· · · · · · · · · · · · · · · · · · ·
		· ·

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.







Thank you for choosing this facility for your procedure. We hope your experience was a positive one

Your comments and suggestions are very important to us. Please assist us in continuing to provide the best care Four cumments and suggestions are very important to us. Mease assist us in commonly to provide the best of possible by completing this short survey and mailing it back to us in the postage-paid envelope. Thank you for the postage to be specified to the entire 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 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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?
The staff was very friendly
.6
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.









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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about you	r experience at t	he facility?		
	-			
	•			
			 	
What did you like least about you	ır experience at t	he facility?		
				· · · · · · · · · · · · · · · · · · ·
A-14-44				
Any other comments?				
				====
and the second s				

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.

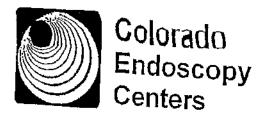
Copyright 2004 Health Inventures



and the particular than the content of the property of the particle of the par







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 postage park the postage p
Please mark the box that best describes the quality of your experience at this facility.
Scale Definition: 1 Poss 2 D. 4
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excellent N≔Not Applicable
1. Reception and registroffer and
2. Care provided by the number states.
2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your
3. Care provided by the nursing staff during your procedure 4. Care provided by the nursing staff after your procedure 5. Protection 6.
5. Protection of your privacy
6. Cleanliness and appearance of the facility
7. Your overall confidence in the control of the facility
7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility
Please mark the box to indicate YES or NO to the following questions.
9. Would you recommend to the same some wing questions.
9. Would you recommend the facility to family members or friends? Y N 10. Did you receive discharge instructions.
, and all of the first the
11. Were the instructions clear? I was to druged to know I I I had them. Person com
accompaning should be given.
FACILITY USE ONLY
Date of Service Primary Payor ID Physician ID
Patient Account #
O 2 6 4 Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?
All the people acted like I was the only patient there.
partent where
What did you like least about your experience at the facility?
Give clients a choice of prep. Astertine Aspentine is so toxic. There are morny other preps that are not so harmful.
There are marry other preps that are not so harryful.
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.

Copyright 2004 Health Inventures





The state of the state of the days were trained for the state of







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

rtease mark the box that be							
Scale Definition: 1-Poor 2-Be	elow Average 3-Average	4-Good	5-Excellent	N≂Not Aţ	plicab	le	
 Reception and registration proces Care provided by the nursing staf Care provided by the nursing staf Care provided by the nursing staf Protection of your privacy Cleantiness and appearance of th Your overall confidence in the car Overall experience at the facility 	f before your procedure f during your procedure f after your procedure se facility	slaff		2 3	4		
Please mark the box	x to indicate YES or N) to the	following q	uestions			
9. Would you recommend the facilit10. Did you receive discharge instru11. Were the instructions clear?		friends?				N 	
		1124					
	FACILITY USE OF	VL.Y					
Date of Service 0 4 - 0 0 - 4	Primary Payor ID			cian ID	nt #		
Do not write or mark in this box.	Copyright 2004 Health Inv	enlures			5140)3	
					. []		



Evolutions	
What did you like least about your experience at the facility?	
Nothing)	
Any other comments?	
Outstanding as always.	

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.







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-Be	low Average 3-Average 4-Good	5-Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility e provided to you by the staff	
Please mark the box	to indicate YES or NO to the t	iollowing questions.
9. Would you recommend the facility10. Did you receive discharge instructions clear?		
	FACILITY USE ONLY	
Date of Service O4-11-14 0264 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account #



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.









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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best a	about your experie	nce at the facilit	у?		
EXCELLENT					
	· 			 _	
What did you like least	about your experie	ence at the facili	ty?		
No	THING AT	ALL !			
7 -		. ,			
		•			
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.







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

	- and gading the you	ur experience at this facility.
Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure e facility e provided to you by the staff	
Please mark the box	to indicate YES or NO to the f	ollowing guestions
9. Would you recommend the facility 10. Did you receive discharge instructions clear?	to family members or friends?	
0 4 - 2 2 - 14	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account # 51403



What did you like best about your experience at the facility?
Vory Convenent, ease of coming with and leaving the facility, not Just a number.
the land of the word
go go cility, nos just a number.
O
·

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

I feel that someone did not review my made history. It was missed by at least 2 months that I take strong navotics, changing my sedation. delaying my procedure. But it was caught intime and every thing when Perfect !!!

Both mey wife and I were very improved with everthing, Parking, Conversors, location etc. She said she will be Comerny there from now one. Her thank you so very much. Mark L. Romey

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.

Copyright 2004 Health Inventures





on the second of the second of





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

	rest describes the quality of yo	ur experience at this facility.
Scale Definition: 1-Poor 2-B	elow Average 3-Average 4-Good	5-Evrollent Number
		Tacenetic N=Not Applicable
 Reception and registration proce Care provided by the nursing sta Care provided by the nursing sta Care provided by the nursing sta Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	ff before your procedure ff during your procedure ff after your procedure he facility re provided to you by the staff	
Please mark the bo	x to indicate YES or NO to the	following questions.
 Would you recommend the facili Did you receive discharge instructions clear? 	ty to family members or friends?	A C C C C C C C C C C C C C C C C C C C
	EAGU PRANCE	
Date of Service O4-08-14 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account #
		51403



What did yo	u like best at	out your experie	nce at the fa	cility?	
5X1	In wa	resulto	79		
Doc	morted	Resulto			
1					
					
What did yo	u like least al	out your experie	ence at the f	acility?	
			,		
<u> </u>					
Any other c	omments?			1	
-500	ne AV	he camo	ton	The re	acolt.
Som	in The			Louman	s english
	nev. c	ours a	e in	230911111	· Z. y · · ·
					
				-	

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.

Copyright 2004 Health Inventures





A great and the product of the model personal decided by the first of the personal decided by the first of th





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.

helping us to improve the services we p	provide to our patients and their familie	age-paiu envelope, ≱nank you lor es.
Please mark the box that b	est describes the quality of you	r experience at this facility.
Scale Definition: 1-Poor 2-B	elow Average 3-Average 4-Good !	5-Excellent N=Not Applicable
 Reception and registration proces Care provided by the nursing stas Care provided by the nursing stas Care provided by the nursing stas Protection of your privacy Cleanliness and appearance of the cass Your overall confidence in the cass Overall experience at the facility 	ff before your procedure ff during your procedure ff after your procedure ne facility re provided to you by the staff	1 2 3 4 5 N
Please mark the bo	x to indicate YES or NO to the fi	ollowing questions.
9. Would you recommend the facilities.10. Did you receive discharge instructions clear?		
	FACILITY USE ONLY	
Date of Service 04-10-14	Primary Payor ID	Physician (D
0264 Do not write or mark In this box.	Copyright 2004 Health Inventures	Patient Account #
		51403



What did y	ou like best about	your experienc	e at the facility	?	
What did y	ou like least about	Vour experienc	e at the facility	2	
		Typur dapartone	a at the racinty	<u> </u>	
			•		
Any other	comments?				
, my danor	- Comments		<u> </u>		
					_ .
		- ···-			
	<u> </u>				

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.

Copyright 2004 Health Inventures





👫 સામાનાપુરિકાર કેલે નાર્યાના ફાર્ય કર્યું છે. આ ત્યાર કર્યું કે આ કાર્યાના પ્રાપ્ત જો આવેલા છે.





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 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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?
The carring atteteda
What did you like least about your experience at the facility?
Any other and a second
Any other comments?
of the proceedings.

Copyright 2004 Health Inventures

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.



·





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.

. S - W minbrose the services we	provide to our patients and	their fami	lion , the	reicher man		•
Please mark the box that i	est describes the qual	the of he	iles,			
	- Int qui	ity or yo	m, exberteu	ce at this fa	cility.	_
Scale Definition: 1-Poor 2-E	Selow Average 3-Average	4-Good	5-Excellent	N≃Not Appli	icable	
						
1. Reception and registration proce		,	1	$\frac{2}{2}$ $\frac{3}{2}$ $\frac{4}{2}$	5	N
Care provided by the nursing sta	ff before your procedure					
Care provided by the nursing sta	if during your procedure					\Box
 Care provided by the nursing sta 	ff after your procedure					
5. Protection of your privacy	, p. = 000010				1 N	
6. Cleanliness and appearance of the	he facility					
7. Your overall confidence in the ca				_		
3. Overall experience at the facility	to provided to you by the	starr				
Please mark the bo	x to indicate YES or NC	to the				
		to tile	បរទេសយេជី ជា	lestions.		
Would you recommend the facili	ty to family members or f	riende2		Y	Z N	
10. Did you receive discharge Instru	ctions?	riorido ;		<u> </u>		
11. Were the instructions clear?	,			<u> </u>	1	
				<u></u>		
	FACILITY USE ON	ILY				
Pale of Service	Primary Payor ID		Physic	ian ID		
04-14-14						
	- -		Patient	t Account#	I <u> I</u>	<u></u>
U 2 6 4	Copyright 2004 Health Inve	enlures			T "	Γ
o not write or mark in this box.	=		<u> </u>	<u> </u>		



What did you like best about your experience at the facility?
Every one was nice and helped me. The procedure was
made less daughting by the help of the staff.
6 J 3
What slid you like land shout your at the same
What did you like least about your experience at the facility?
Annual Control of the
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.

Copyright 2004 Health Inventures





er i karal da karal karal da k



Egg Jackson (Berline)



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 b	est describes the quality of your	
Scale Definition: 1-Poor 2-B	elow Average 3-Average 4-Good 5-B	Excellent N=Not Applicable
1. Reception and registration proce 2. Care provided by the nursing sta 3. Care provided by the nursing sta 4. Care provided by the nursing sta 5. Protection of your privacy 6. Cleanliness and appearance of th 7. Your overall confidence in the ca 8. Overall experience at the facility	ff before your procedure ff during your procedure ff after your procedure ne facility	
Please mark the bo	x to indicate YES or NO to the foll	owing questions.
Would you recommend the facili Did you receive discharge instru Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service 04 - 10 - 14	Primary Payor ID	Physician ID
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	Patlent Account #
		51403



What did you like	best about your	experience at the fa	cility?	
			es of the sets	Mard
<u> </u>	<u>, </u>	V		
What did you like	least about you	r experience at the f	acilltv2	
			nder the ander	sheria.
	.			
Any other comm	ents?		,	
,,_, _ · · ···		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	<u>.</u>	
				·

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.

Copyright 2004 Health Inventures



and the state of the second second second to the second second second second second second second second second







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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your exp	perience at the facility?	
		Ì
		i
What did you like least about your exp	perience at the facility?	
		<u>.</u>
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.

Copyright 2004 Health Inventures









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 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 Primary Payor iD Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your exper	ience at the facility?
1	
• •	
	•
	
What did you like least about your exper	ionon of the Santu o
	Terice at the facility?
	· · · · · · · · · · · · · · · · · · ·
	,
-1	
Any other comments?	· · · · · · · · · · · · · · · · · · ·
	·
•	
	i
·	
	'
<u> </u>	

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.









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.

1 2 3 4 5 N
1 2 3 4 5 N
ollowing questions. Y N
Physician ID Patient Account #



						\$.	e at the		-			
											.·	
			 						: - · · · · · · · · · · · · · · · · ·	· · · · · · · · · ·		
								•				
· -								 -	<u> </u>	<u> </u>	·	
hat o	did you	like id	east a	about	your e	xperience	at the	facili	h/2			
									·y ·	- · - ;		
							٠,		* -			
			,									
	•					•						
·												
ny of	ther cor	nmen	ıts?			: .		-	7 P		· · · · ·	
								11.		· · · · ·		
									· · .			
								<u>.</u>				
	-					- -				,		
								pro-				

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.









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-Bel	ow Average 3-Average 4-Good 5-	Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility e provided to you by the staff to indicate YES or NO to the fo	1 2 3 4 5 N
11. Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service 08 - 07 - 14	Primary Payor ID	Physician ID Patient Account #
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	51403

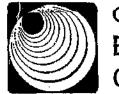


What did you like best abou	it your experienc	e at the facilie	lu o		٠.
The Consider received for have a very have to pu	ation a	nd co	ere I	, Yan	k
What did you like least abou	it your experienc	e at the facilli	y?		
Ofcours	e-the	prep!	V		
Any other comment of	<u>. </u>				
Any other comments?			<u>. · </u>		
				_ 	

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 malling 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 Protection of your privacy 6. Cleantiness and appearance of the facility 7. Your overall confidence in the care provided to you by the staff 8. Overall experience at the facility 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about y	our experienc	e at the faci	lity2		•
Excellent, profe	benésas	Care.	<u></u>		
		: .			
<u> </u>	· · · · · · · · · · · · · · · · · · ·	egianie e e nterio ni in des	- ــــــــــــــــــــــــــــــــــــ		
What did you like least about y	our experienc	e at the facil	lievo		···
		o at the rach	inty r.		
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				•	
					
· 		•			
Any other comments?		, :	,	:	
	<u>*</u>				
			· · ·		
	· · · · · · · · · · · · · · · · · · ·	· - .	· 		

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.









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-Bel	ow Average 3-Average 4-Good 5-I	Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure e facility	
Please mark the box	k to indicate YES or NO to the fo	llowing questions.
9. Would you recommend the facility 10. Did you receive discharge instructions clear? 11. Were the instructions clear?	•	

	FACILITY USE ONLY	
Date of Service OO O - OT - IV	Primary Payor ID	Physician ID. Patient Account#
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	
•		51403



STaff	e best about your				
	<u> </u>		<u></u>		
٠.					
. •		•			
	· .				
المراجعة المراجعة المراجعة المراجعة				-	
nat uiu you like	e least about your	experience a	t the facility	?	
	•				
1	•	1			
	 		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
ny other comm	ents?				÷.
great	s la f.s	· · ·			
				,	

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.







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-Bel	ow Average 3-Average 4-Good	5-Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure e facility	1 2 3 4 5 N
Please mark the box 9. Would you recommend the facilit 10. Did you receive discharge instru 11: Were the instructions clear?	•	YИ
	FACILITY USE ONLY	
Date of Service OB-OI-I4 O264 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account # 51403



Anat the you like best about your experience at the facility?	· .
The peaceful atmosphere. The faces and caring people.	· smiling
What did you like least about your experience at the facility?	
The half how or so Wait bef Procedure, but of Course it necessary to Che for the Patient because I Whatever the delay. I Eindustood,	Evas
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.





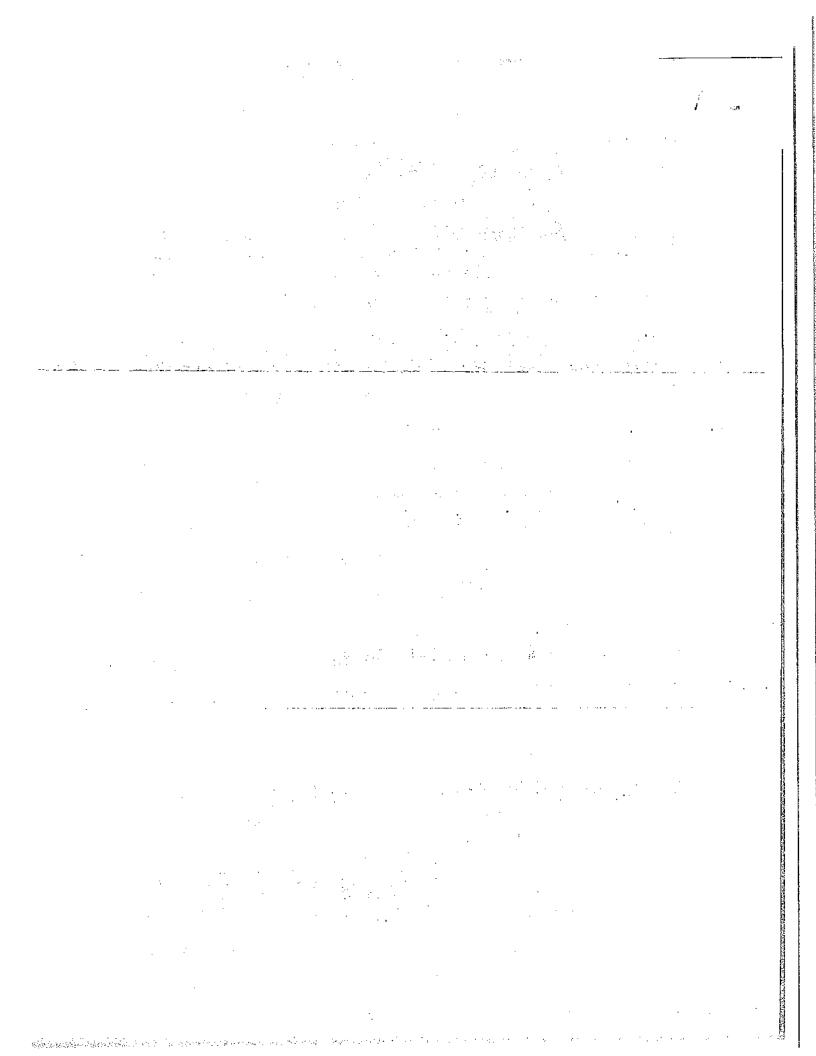




Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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 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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.

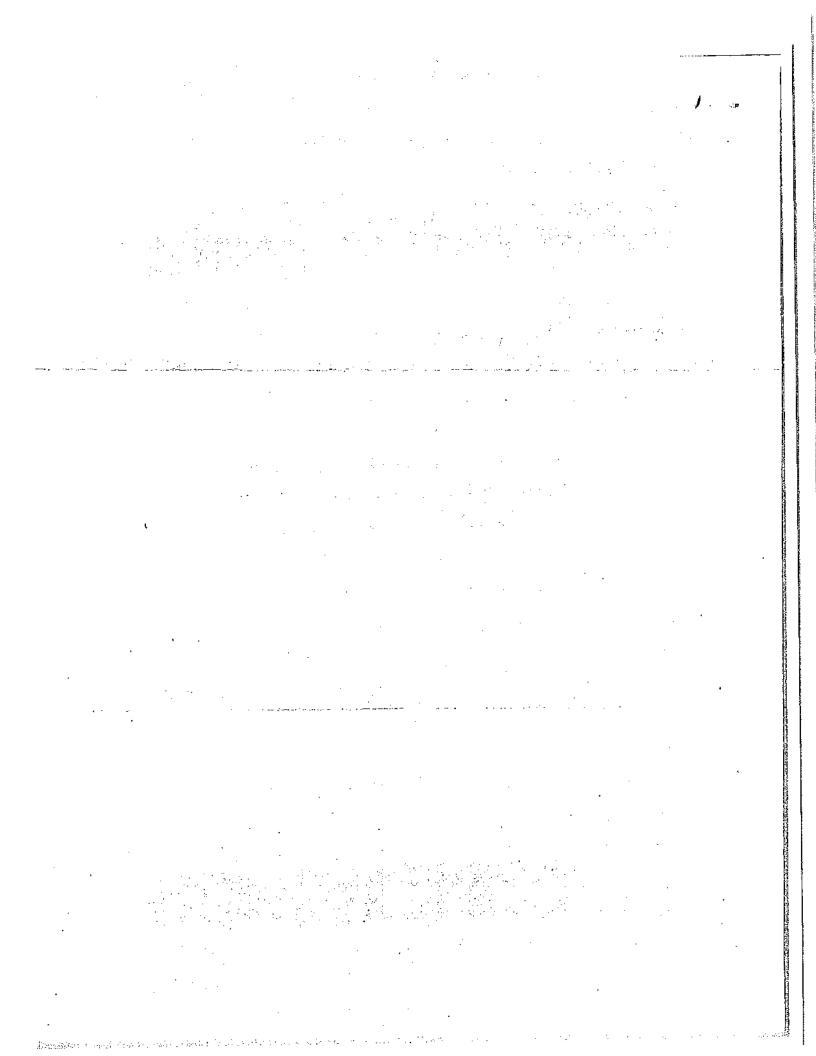




What did you like best about your experience at the facility?
The Friendly people.
· •
VACL - 4 - 32 - 4 - 2 123 - 1
What did you like least about your experience at the facility?
Nothing. Everything was great!
·
·
Any other comments?
·

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.









Thank you for choosing this facility for your precedure. 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 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 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 Primary Payor ID Physician ID Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.

, . .

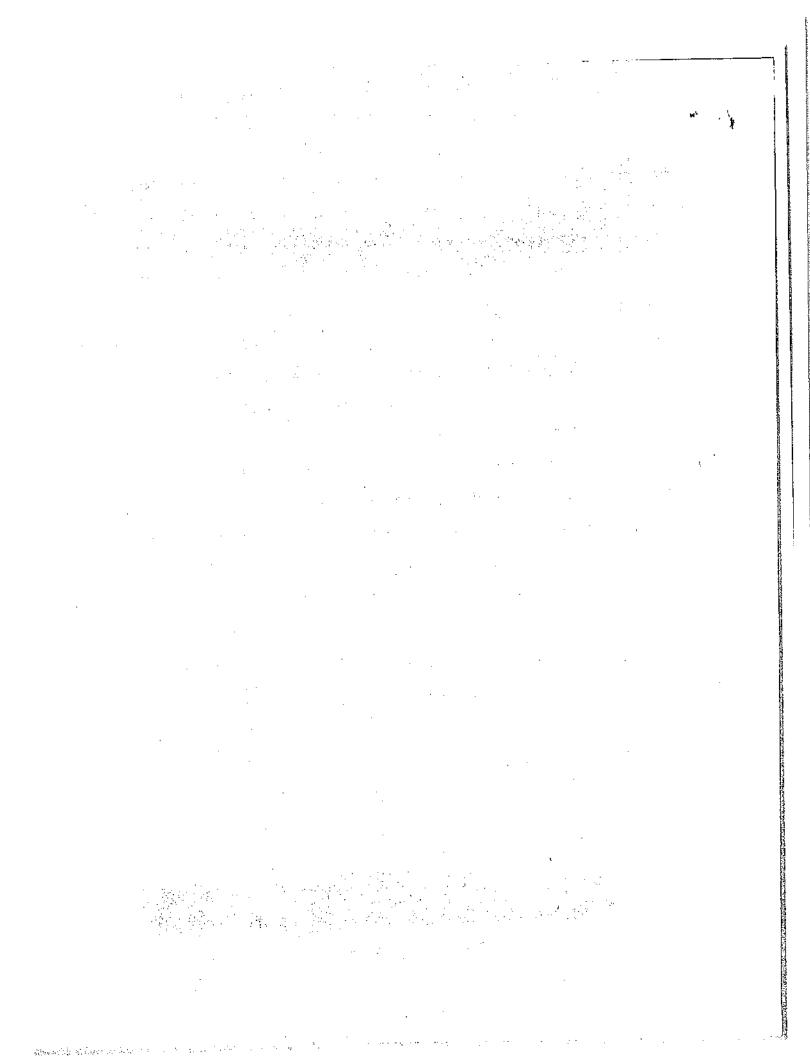


What did you like best about your experience at the facility?
Lacuseys feel safe + coved for!
What did you like least about your experience at the facility?
MA
Any other comments?
alway Gleat

Copyright 2004 Health Inventures

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.









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.

helping us to improve the services we prov	ide to our patients and their tamilies. t describes the quality of your exp	orience at this facili	tv.
Please mark the box that bes	t describes the quanty of your exp	ellettee at this lasin	
Scale Definition: 1-Poor 2-Belo	w Average 3-Average 4-Good 5-Exc	ellent N≒Not Applical	ole
1. Reception and registration process 2. Care provided by the nursing staff to 3. Care provided by the nursing staff to 4. Care provided by the nursing staff to 5. Protection of your privace Ao 7. 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	during your procedure after your procedure SURE WhAT This MERNS) facility		5 N
Please mark the box	to indicate YES or NO to the follo	wing questions.	
9. Would you recommend the facility 10. Old you receive discharge instructions clear? 11. Were the instructions clear?		Y X X	N
	FACILITY USE ONLY		
Date of Service	Primary Payor ID	Physician ID Patient Account #	
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures		1409



What did you like best abou	ut your experience	at the facility?
		WAS GREAT!
	·	
What did you like least abou	ut your experience	at the facility?
	•	
		•
		
Any other comments?		
Good JANKS	08/	/
THANKS	Agnin) _

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.





医乳类酶 医二甲基基甲二磺酰 倒纏





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 Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 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 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 Physician ID Primary Payor ID Date of Service Patient Account # Copyright 2004 Health Inventures Do not write or mark in this box.



What did you like best about your experience at the facility?	
The warm blanket 19	
	a en estado en estado de estado en entre en estado en es
	•
What did you like least about your experience at the facility?	
NA	
,	•
Any other comments?	
Very professional - but aring too compassion to patrent 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.







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 expensions. Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excended and registration process. Care provided by the nursing staff before your procedure.	
Reception and registration process	11
Reception and registration process	11
Care provided by the nursing staff during your procedure Care provided by the nursing staff after your procedure Protection of your privacy Cleantiness and appearance of the facility Your overall confidence in the care provided to you by the staff Overall experience at the facility	
Please mark the box to indicate YES or NO to the follow. 9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear?	wing questions. Y N \(\)
FACILITY USE ONLY	Physician ID
Date of Service Primary Payor ID	Patient Account #
O 2 6 4 Copyright 2004 Health Inventures Do not write or mark in this box.	51403



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

It was quite to this staff of the wave freezely to answered my guartisms.

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

nothing to dislike

Any other comments?

Energone is frondly & part me as case.

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.

Copyright 2004 Health Inventures



5





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

I. Reception and registration proces		
2. Care provided by the nursing staff		
3. Care provided by the nursing staff		
4. Care provided by the nursing staf	f after your procedure	
5. Protection of your privacy		
3. Cleanliness and appearance of th	e facility	
7. Your overall confidence in the car	re provided to you by the staff	
8. Overall experience at the facility		
Please mark the bo	x to indicate YES or NO to the foll	owing questions.
9. Would you recommend the facilt 10. Did you receive discharge instru 11. Were the instructions clear?	·	
	FACILITY USE ONLY	
Date of Service 0 8 - 1 - 1 4 0 2 6 4	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account #
Do not write or mark in this box.		51403







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
Please mark the box to indicate YES or NO to the fo	llowing 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 Primary Payor ID	Physician ID Patient Account #
Opyright 2004 Health inventures Do not write or mark in this box.	51403



Free sign	ke best abo					
						•
		: .				transfer of the second
					·	
						
				1000	1	
	· · · · · · · · · · · · · · · · · · ·		·	<u> </u>	<u></u>	<u> </u>
	$\mathcal{S}_{i} = \mathcal{S}_{i}$		200	***		
at did you lil	ke least abo	out your ex	perlence a	t the facilli	y?.	
				•		•
	;					
	;			•		
	<u> </u>	· <u>-</u>				
y other com	ments?					
			,			
		· .	Y 1		·	. •
•		·				and the second s
1. 1.				· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·					<u></u>	
*.			<u></u>		<u> </u>	
·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>		<u>. A. J.</u>	

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.









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.

		
Scale Definition: 1-Poor 2-Be	low Average 3-Average 4-Good 5-	Excellent N≔Not Applicable
I. Reception and registration proces Care provided by the nursing stat Ca	f before your procedure f during your procedure f after your procedure ne facility	
Please mark the bo	x to indicate YES or NO to the fo	allowing questions.
9. Would you recommend the facil 10. Did you receive discharge instr 11. Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service 0 9 - 0 9 - 1 4	Primary Payor ID	Physician ID Patient Account #
0264	Copyright 2004 Health Inventures	Patient Account in
Do not write or mark in this box	•	51403



The overall				al and
,				
40 × 01 · 11 · 116 ·		·	f. 114. 0	
What dld you like Not king	ieast about your	experience at the	racility?	<u> </u>
. ·				
Any other comme	ents?			
	!			المام المستحديد المستحديد المستحدد

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.







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

		2 3 4 5 N
i. Reception and registration process	S	
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 th	e facility	
7. Your overall confidence in the car	e provided to you by the staff	
8. Overall experience at the facility	•	
Please mark the ho	x to indicate YES or NO to the foll	oving questions
	dec indicates the of the section of	Y N
9. Would you recommend the facility	ty to family members or friends?	Ŕ Ü
10. Did you receive discharge instru	ctions?	
11. Were the instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID
0181-111-114		
		Patient Account #
0264	Copyright 2004 Health Inventures	
Do not write or mark in this box.		51403



What did you like best about your experience at the facility?
Dr. Janga
What did you like least about your experience at the facility?
Dr. Jawan (Just Kidding)
And other control
Any other comments?
This is my 141th four since my first co loweston & somice is the Bast 333
as bunded a Savina Entla Bothet 201
() 1
} 1

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.









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 Reception and registration process 2. Care provided by the nursing staff before your procedure 3. Care provided by the nursing staff during your procedure 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 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** Physician ID Primary Payor ID Date of Service Patient Account# Copyright 2004 Health Inventures Do not write or mark in this box.



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

I liked the Staff - they all some were friendly, upleat & competent. (us was Dr. Ynsen.)

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

the facility experience was fine - just preping to go-not so great!

Any other comments?

I wish someone could develope better tasting "drink".

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.









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.

Scale Definition: 1-Poor 2-Be	ow Average 3-Average 4-Good 5-E	Excellent N=Not Applicable
 Reception and registration proces Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	before your procedure during your procedure after your procedure	
Please mark the ho 9. Would you recommend the facili 10. Did you receive discharge instru 11. Were the instructions clear?	lowing questions. Y N M M T T T T T T	
Date of Service	FACILITY USE ONLY Primary Payor ID	Physician ID
0264 Do not write or mark in this box.	Copyright 2004 Health inventures	Patient Account #

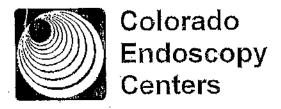


What did you like best about your experience at the facility?	
What did you like least about your experience at the facility?	
	. •
Any other comments?	
•	

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.



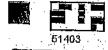


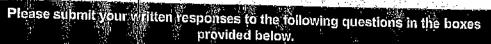


Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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.

Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5-Excelle	nt 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	
Please mark the box to indicate YES or NO to the following	g 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 Primary Payor ID P	atient Account #





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.









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.

rour comments and suggestions are very important to us. Please assist us in possible by completing this short survey and mailing it back to us in the postag neiping us to improve the services we provide to our patients and their families	ge-paid envelope. Thank you for
Please mark the box that best describes the quality of your	
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	
Please mark the box to indicate YES or NO to the fo	ollowing 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 Primary Payor ID	Physician ID
08-26-14	Patient Account #
0264 Copyright 2004 Health inventures	1 dient voodan k
Do not write or mark in this box.	51403



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

THE FRAENCY STAFF

THANK YOU FOR JOHNY WITH ME!

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

THERE WAS MOTHING TO DISLIKE!

Any other comments?

I AM SO SLAD TO HAVE DA.

JENSEN A THE STAFF ON MY

LENSEN A THE STAFF ON MY

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.







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.

elping us to improve th	us to improve the services we provide to our patients and their familles.			
Please mark ti	he box that best describes the quality of you	r experience at this facility.		
Scale Definition	n: 1-Poor 2-Below Average 3-Average 4-Good	5-Excellent N≔Not Applicable		
 Care provided by the Care provided by the Protection of your particles Cleanliness and ap 	the nursing staff before your procedure the nursing staff during your procedure the nursing staff after your procedure privacy to pearance of the facility ence in the care provided to you by the staff			
Pleas	e mark the box to indicate YES or NO to the	following questions.		
9. Would you recom	mend the facility to family members or friends? fischarge instructions?			
	FACILITY USE ONLY			
Date of Service	Primary Payor ID	Physician ID		
08-29	-14 11111			
0264 Do not write or mar	Copyright 2004 Health Inventures	Patient Account #		



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

Any other comments?

Any other comments?

Any other schiff was personable, and highly skilled.

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.









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.

helping us to improve the services we pro-	vide to our patients and their famil	
Please mark the box that bes	t describes the quality of you	ur experience at this facility.
Scale Definition: 1-Poor 2-Beld	ow Average 3-Average 4-Good	5-Excellent N=Not Applicable
1. Reception and registration process 2. Care provided by the nursing staff 3. Care provided by the nursing staff 4. Care provided by the nursing staff 5. Protection of your privacy 6. Cleanliness and appearance of the 7. Your overall confidence in the care 8. Overall experience at the facility	before your procedure during your procedure after your procedure afacility	1 2 3 4 5 N
Please mark the box	to indicate YES or NO to the	
9. Would you recommend the facility 10. Did you receive discharge instructions clear?		
	FACILITY USE ONLY	
Date of Service DB - 28 - 114	Primary Payor ID	Physician ID Patient Account #
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	
		31403



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

Everyone was Very friendly, helpful and compassionate.

waiting area very comfortable

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

Any other comments?

Virginia was wonderful! She was so understanding and patient - made sure we understood the discharge instructions. Very good Care by 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.







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 ver	•	ntinuing to provide the best care
Your comments and suggestions are very possible by completing this short survey helping us to improve the services we pro	and mailing. It back to us in the postage (paid envelope. Thank you for
	st describes the quality of your ex	perience at this facility.
Scale Definition: 1-Poor 12-Bel	ow Average 3-Average 4-Good 5-Ex	cellent N≍Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of th Your overall confidence in the car Overall experience at the facility 	before your procedure during your procedure fafter your procedure , e facility	
Please mark the bo	x to indicate YES or NO to the follo	owing questions.
Would you recommend the facility Did you receive discharge instructions clear?		
	FACILITY USE ONLY	
Date of Service	Primary Payor ID	Physician ID Patient Account #
0264 Do not write or mark in this box.	Copyright 2004 Health Inventures	51403



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

Everyone's kindness. Especially the nurses who found me another bathroom when the guy before me was taking along time.

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

Caroly nurses did well with my Stubern, Veins. But it is the worse.

Any other comments?

The new prep was great. Less to drink, less cronpyfeeling, and no chills/

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.

Scale Delinition, 1-Pool 2-Delow Average 5-Average 4-0500	3-Excellent H-Mot riphted by
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	
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, Primary Payor ID O 2 6 4 Copyright 2004 Health inventures Do not write or mark in this box.	Physician ID Patient Account # 51403



What did you lik	(e best about your experien	ce at the facility?	
	ing was fine.		
/			
	and the second s		
			•
<u> </u>			
What did you lik	e least about your experien	ce at the facility?	
	runent		
		4	
		· . •	
Any other com	nents?		
	1. 18. 1. 1. 1.	The state of	
	and the second s		

Copyright 2004 Health Inventures

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.











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.

Scale Definition: 1-Poor 2-Beto	ow Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure e facility e provided to you by the staff	
	to indicate YES or NO to the	<u>Y</u> <u>N</u>
9. Would you recommend the facility	_	M U
10. Did you receive discharge instructions clear?	ctions?	
(). We'le the instractions deat:		
	EACH IDVEST ONLY	
	FACILITY USE ONLY	Discrete Law 1D
Date of Service	Primary Payor ID	Physician ID
M-12-1-1-1		
0264	Copyright 2004 Health inventures	Patient Account #
Do not write or mark in this box.		51403
		51743



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

			: "	·	
			e e Argiela Profesio		: · . · .
		-			
What did you	u like least ab	out your experie	nce at the facility	i?	· · · · · · · ·
:					
	· 	_		· · · · · · · · · · · · · · · · · · ·	
Any other c	omments?	N 12 - 1			
The not say so say	ety for h	charge cury-glob ier and g does do-	of dono res. It	y my IV scoo an uncerto do not h every path	in ient,

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.







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.

Scale Definition: 1-Poor 2-Bel	ow Average 3-Average 4-Good	5-Excellent N=Not Applicable
 Reception and registration process Care provided by the nursing staff Care provided by the nursing staff Care provided by the nursing staff Protection of your privacy Cleanliness and appearance of the Your overall confidence in the care Overall experience at the facility 	before your procedure during your procedure after your procedure	
9. Would you recommend the facility 10. Did you receive discharge instru- 11. Were the instructions clear?		Y, N
Date of Service O264 Do not write or mark in this box.	Primary Payor ID Copyright 2004 Health Inventures	Physician ID Patient Account # 51403



What did you like best about	your experience at	the facility?	
The willed are	مدرصار 60	- 1 1 A D : mad all	that
helps an unplesa	nt procedure	to be a	little
witer-,	- 1	- 1.11	
What did you like least about	your experience at	the facility?	
			· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
	:		
٠.,			
Any other comments?			
5.÷			
ادر المقاد السابق و المقاد المادي المسابق المادي			
		. ·	
		•	
-		·	

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.



