



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 18 - 14

Primary Payor ID

Physician ID

0264 

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Patient Account #

Do not write or mark in this box.

51403





51403

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

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

It's fast & easy. Everything explained before procedure. Everyone is excited about doing their job. (Of course I was 1st in the morning)

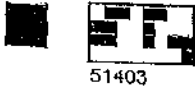
What did you like least about your experience at the facility?

Nothing!!

Any other comments?

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





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

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

### FACILITY USE ONLY

Date of Service

04 - 11 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





51403

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

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

I felt all staff members were paying close attention to all things necessary to make this procedure go along smoothly without problems. Staff was very pleasant, but no laughing or talking among themselves or ignoring me as the patient. I appreciated their attitude.

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

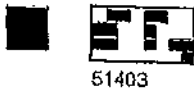
The prep!

Any other comments?

Keep up the good work. Your patients really appreciate it!

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

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11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### FACILITY USE ONLY

Date of Service

04 - 09 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

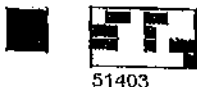
- STAFF
- DR JENSEN

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

Any other comments?

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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	Y	N
9. Would you recommend the facility to family members or friends?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Did you receive discharge instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Were the instructions clear?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### FACILITY USE ONLY

Date of Service

04 - 14 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





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

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

The care I got before my procedure, from the nurse with the squeaky shoes. I also have that shoe problem.

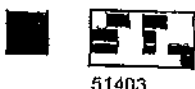
What did you like least about your experience at the facility?

Any other comments?

DR. JENSEN IS ONE TERRIFIC 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.





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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Please mark the box to indicate YES or NO to the following questions.**

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

### FACILITY USE ONLY

Date of Service

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

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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0	2	6	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Patient Account #

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

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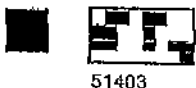
What did you like best about your experience at the facility?

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

*In overall it was a good experience.  
It was a busy morning, but at  
the end of the procedure I felt  
like I had just been through an  
assembly line, not 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.



Colorado  
Endoscopy  
Centers

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

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

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

#### FACILITY USE ONLY

Date of Service

04 - 24 - 14

Primary Payor ID

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

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

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Do not write or mark in this box.

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

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

Everyone was very nice.

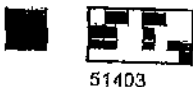
What did you like least about your experience at the facility?

Having to prepare for it twice

Any other comments?

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8. Overall experience at the facility

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

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

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

### FACILITY USE ONLY

Date of Service 27

01	-	27	-	14
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Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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61403

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?

WAS WELL ORGANIZED AND MADE ME FEEL RELAXED.

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

N/A

Any other comments?

COULDN'T HAVE GONE SMOOTHER.

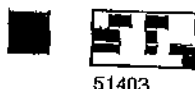
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1	2	3	4	5	N
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 29 - 14

Primary Payor ID

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Physician ID

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0264

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Patient Account #

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Do not write or mark in this box.

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

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

The personal care provided by the nursing staff.

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

The nurse who was setting up the IV had difficulty. She had to stick me twice & then the nurse who was in the room for the procedure had to stick me again because the anesthesia was not going into a vein. I have 2 hematomas now.

Any other comments?

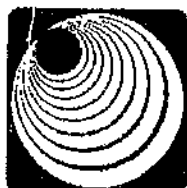
The preparation for a colonoscopy is pretty harsh on the body. I'm glad I am too old to have to go through that again.

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.





51403



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 23 - 14

Primary Payor ID

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

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

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

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

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

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

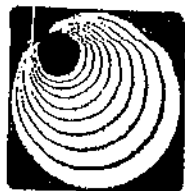
Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 22 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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

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

I was treated well & the time schedule was maintained.

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

The Gas after the treatment.

Any other comments?

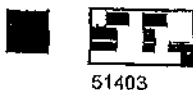
Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 29 - 14

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.



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

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

The staff who checked me in, took my vitals, and did my IV were all awesome 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. :)

Any other comments?

It was as 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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 25 - 14

Primary Payor ID

SI 6611

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

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

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Any other comments?

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

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

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

The caring attitude, and everything is explained and gone over very well, you feel like you are in good hands. Thank you

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

Any other comments?

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



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 11 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

EXCELLENT STAFF & FACILITY.

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

NOTHING!

Any other comments?

GOOD JOB TO ALL OF YOU!

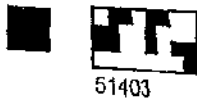
Thank you!  
Tom True

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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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### FACILITY USE ONLY

Date of Service [ ] [ ] - [ ] [ ] - [ ] [ ]	Primary Payor ID [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Physician ID [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
0264 [ ] [ ] [ ] [ ]	Copyright 2004 Health Inventures	Patient Account # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Do not write or mark in this box.

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*almost 100% satisfaction*

51403

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

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

No gas after procedure.

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

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 11 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

*Friendly Staff*

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

*N/A*

Any other comments?

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

### FACILITY USE ONLY

Date of Service

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Primary Payor ID

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Physician ID

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Patient Account #

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

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

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

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

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 10 - 14

Primary Payor ID

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

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

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

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

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

Friendly + professional. Very caring



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

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

The reversal of the vessel ☺  
Nurses were very nice! ☺

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

Had to wait 40 minutes past the time of when told to arrive.



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 23 - 14

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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

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

*no chaos - everything run smoothly -  
- warmed blankets - no question  
- ignored or glanced over*

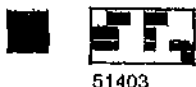
What did you like least about your experience at the facility?

Any other comments?

*Outstanding doctor and staff.  
Everyone is treated courteously and  
patiently*

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





# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 23 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

51403



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

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

Excellent Jaz music in pre-op

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

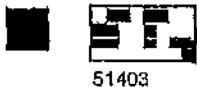
Country music at check-in

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 28 - 14

Primary Payer ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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

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

Everything went well

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

Having  
2 Polyps

Any other comments?

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

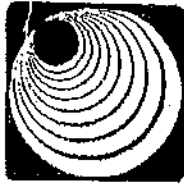
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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 25 - 14

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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

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

PRIVATE  
PROFESSIONAL  
CLEAN ENVIRONMENT

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

Ø

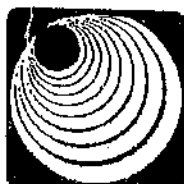
Any other comments?

GREAT JOB!  
GOOD ANESTHETIC EXPERIENCE

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

### FACILITY USE ONLY

Date of Service

104 - 25 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

I was made to feel very comfortable and at ease.  
I liked that I received my results before  
I was discharged.

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

Everything was great.

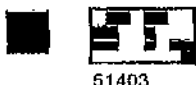
Any other comments?

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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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7. Your overall confidence in the care provided to you by the staff
8. Overall experience at the facility

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 23 - 14

Primary Payor ID

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

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0264

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Patient Account #

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

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

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

This was a very hard exam to schedule  
I did not want to do it but Dr  
Johnson's staff made me feel very  
comfortable. Excellent

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

Any other comments?

Great Job 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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 08 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

The friendliness & competency of the staff and Dr. put me at ease & I had no concerns.

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

Any other comments?

I liked having the print-outs explaining 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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 03 - 14

Primary Payor ID

Physician ID

0264

Patient Account #

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Do not write or mark in this box.

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

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

Everyone was very helpful  
in explaining what was happening  
& made me feel very comfortable.

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

Any other comments?

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

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# Colorado Endoscopy Centers

E/Flex

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 01 - 14

Primary Payer ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

*Care provided was excellent*

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

—

Any other comments?

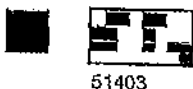
*None*

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 27 - 14

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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

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

For what I am doing - Great

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

Everything was excellent!

Any other comments?

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



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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 03 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

*The staff was very friendly*

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

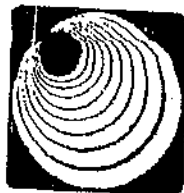
Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

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Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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

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

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

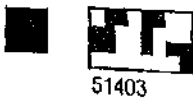
Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

*I was too drugged to know I had them. Person ~~also~~ accompanying should be given instructions.*

### FACILITY USE ONLY

Date of Service

04 - 04 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

All the people acted like I was the only patient there.

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

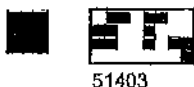
Give clients a choice of prep.  
~~Aspenline~~ Aspenline is so toxic.  
There are many other preps that are not so harmful.

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 09 - 14

Primary Payer ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





51403

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

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

*Everything*

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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 11 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





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

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

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

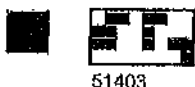
Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 01 - 14

Primary Payor ID

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

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

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

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

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

EXCELLENT CARING STAFF

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

NOTHING AT ALL!

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 22 - 14

Primary Payor ID

Physician ID

0264 

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Patient Account #

Do not write or mark in this box.

51403



51403

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

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

Very convenient, ease of coming into and leaving the facility, not just a number.

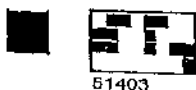
What did you like least about your experience at the facility?

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

Any other comments?

Both my wife and I were very impressed with everything, (Parking, conveniences, location etc. She said she will be coming there from now on. 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.



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 18 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





51403

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

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

*EXAM was on time  
Documented Results*

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

Any other comments?

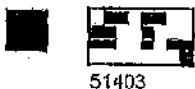
*Some of the comments in the results  
document could be in layman's english*

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 10 - 14

Primary Payor ID

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

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

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Patient Account #

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

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

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

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

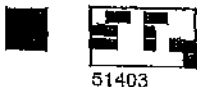
Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 14 - 14

Primary Payor ID

Physician ID

0264

Patient Account #

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Do not write or mark in this box.

51403





51403

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

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

*The caring attitude  
clean & friendly*

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

Any other comments?

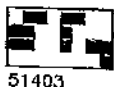
*You kept me informed  
of the proceedings.*

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 14 - 14

Primary Payor ID

Physician ID

0264 

Copyright 2004 Health Inventures

Patient Account #

Do not write or mark in this box.



51403



51403

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

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

Every one was nice and helped me. The procedure was made less daunting by the help of the staff.

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

Any other comments?

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



51403



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 10 - 14

Primary Payor ID

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

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

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Patient Account #

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



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

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

*The efficiency and friendliness of the staff (and the procedure) was very good.*

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

*Feeling the procedure while under the anesthesia.*

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

04 - 11 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

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

Any other comments?

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

### FACILITY USE ONLY

Date of Service

04 - 18 - 14

Primary Payor ID

Physician ID

0264 

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Patient Account #

Do not write or mark in this box.



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

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

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

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Any other comments?

--

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

### FACILITY USE ONLY

Date of Service

08 - 01 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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

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


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


Any other comments?


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

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Colorado  
Endoscopy  
Centers

### GI and Endoscopy Services

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

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

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

#### FACILITY USE ONLY

Date of Service

08 - 07 - 14

Primary Payor ID

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

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

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

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

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

The Consideration and care I received from everyone there, You have a very good staff who work hard to put everyone at ease.

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

Of course - the prep! ^

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 07 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

*Excellent, professional care.*

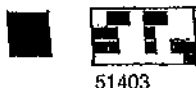
What did you like least about your experience at the facility?

Any other comments?

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 08 - 14

02

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403



51403

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

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

STAFF

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

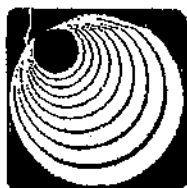
Any other comments?

great 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.

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## Colorado Endoscopy Centers

### GI and Endoscopy Services

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

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

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

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

Date of Service

08 - 01 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

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

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

The peaceful atmosphere. The smiling faces and caring people.

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

The wait time or so wait before the procedure, but of course it was necessary to care for the previous patient because whatever caused the delay. I understood.

Any other comments?

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





# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 25 - 14

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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100

1. The first step in the process is to identify the problem. This involves gathering information about the situation and understanding the needs of the stakeholders involved.

2. Once the problem is identified, the next step is to develop a plan. This involves setting goals, identifying resources, and determining the steps that need to be taken to address the problem.

3. The third step is to implement the plan. This involves putting the plan into action and monitoring progress to ensure that the goals are being met.

4. Finally, the fourth step is to evaluate the results. This involves assessing the effectiveness of the plan and making adjustments as needed to improve the outcome.

[illegible]



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

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

The Friendly people!

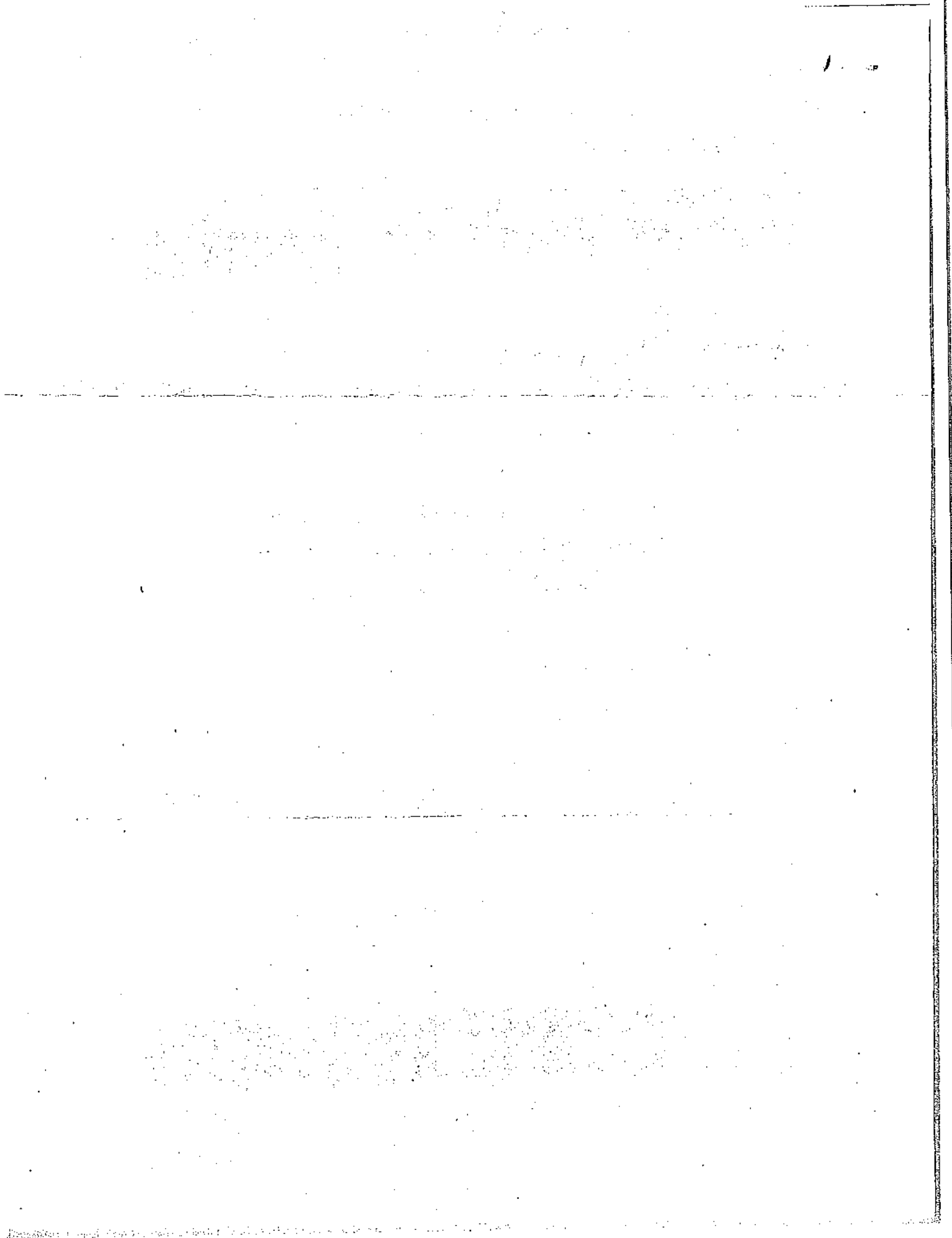
What did you like least about your experience at the facility?

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.







# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

*very*

### FACILITY USE ONLY

Date of Service

08 - 22 - 14

Primary Payor ID

Physician ID

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Patient Account #

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is essential for ensuring transparency and accountability in the organization's operations.

2. The second part of the document outlines the various methods and tools used to collect and analyze data. It highlights the need for a systematic approach to data collection and the importance of using reliable sources of information.

3. The third part of the document describes the process of identifying and addressing potential risks and challenges. It stresses the importance of proactive risk management and the need to develop effective strategies to mitigate potential threats.

4. The fourth part of the document discusses the role of communication and collaboration in achieving the organization's goals. It emphasizes the importance of clear communication and the need for all team members to work together effectively.

5. The fifth part of the document outlines the various metrics and indicators used to measure the organization's performance. It highlights the need for a balanced scorecard approach that takes into account both financial and non-financial factors.

6. The sixth part of the document describes the process of reviewing and evaluating the organization's progress. It stresses the importance of regular reviews and the need to use the results of these reviews to inform decision-making and improve performance.

7. The seventh part of the document discusses the importance of continuous improvement and the need to seek out new opportunities for growth and innovation. It emphasizes the importance of a culture of learning and the need to embrace change and innovation.

8. The eighth part of the document outlines the various challenges and obstacles that the organization may face. It highlights the need for a proactive approach to problem-solving and the importance of seeking out new solutions and strategies.

9. The ninth part of the document discusses the importance of maintaining a strong relationship with stakeholders and the need to communicate effectively with all parties involved. It emphasizes the importance of transparency and the need to be open and honest in all communications.

10. The tenth part of the document outlines the various conclusions and recommendations that have been drawn from the analysis. It stresses the importance of implementing the recommendations and the need to monitor progress and adjust as necessary.



51403

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

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

Every Thing  
I always feel safe + cared for!

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

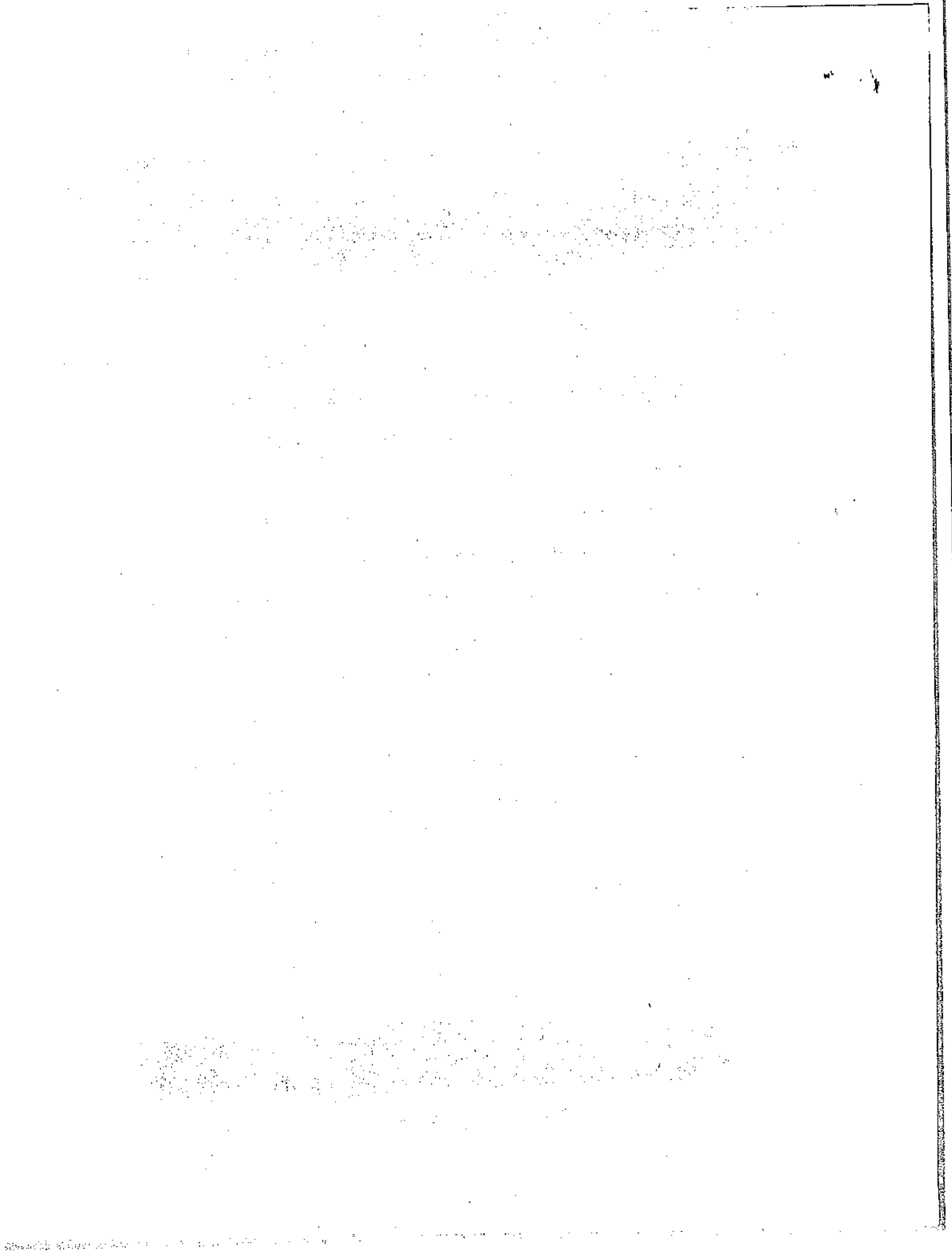
n/a

Any other comments?

Always Great

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







# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy (NOT SURE WHAT THIS MEANS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> NOT KNOWN
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Your overall confidence in the care provided to you by the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

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

### FACILITY USE ONLY

Date of Service

08-05-14

Primary Payor ID

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Physician ID

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Patient Account #

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

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

ALL YOUR STAFF WAS GREAT!

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

Any other comments?

Good Job!  
THANKS AGAIN!

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

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## Colorado Endoscopy Centers

### GI and Endoscopy Services

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

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

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

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

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

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

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

#### FACILITY USE ONLY

Date of Service

08-14-14

Primary Payor ID

Physician ID

0264

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Patient Account #

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

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

The warm blanket ☺

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

N/A

Any other comments?

Very professional - but caring too  
compassion to patient - me

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





# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 11 - 14

Primary Payor ID

Physician ID

Patient Account #

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

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

It was quick & the staff & dr were friendly  
& answered my questions.

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

nothing to dislike

Any other comments?

Everyone is friendly & put me at ease.

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





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## Colorado Endoscopy Centers

### GI and Endoscopy Services

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

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

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

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

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

#### FACILITY USE ONLY

Date of Service

08 - 12 - 14

Primary Payor ID

Physician ID

0264

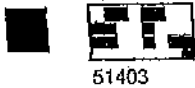
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Patient Account #

Do not write or mark in this box.

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## Colorado Endoscopy Centers

### GI and Endoscopy Services

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

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

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

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

#### FACILITY USE ONLY

Date of Service

08 - 15 - 14

Primary Payor ID

Physician ID

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Patient Account #

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

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

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

Any other comments?

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





# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 08 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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

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

The overall process. Very professional and  
counteous staff. Made the process painless.

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

Nothing

Any other comments?

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





## Colorado Endoscopy Centers

### GI and Endoscopy Services

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 11 - 14

Primary Payer ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





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

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

Dr. Jensen

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

Dr. Jensen (Just kidding)

Any other comments?

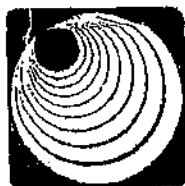
This is my 14<sup>th</sup> year since my first  
colonoscopy & service is the BEST!!!

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





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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 13 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

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

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

I liked the staff - they all  
~~was~~ were friendly, upbeat & competent.  
(as was Dr. Jensen...)

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 develop a  
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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 11 - 14

Primary Payor ID

00000000

Physician ID

00000000

02640000

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Patient Account #

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

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

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

Any other comments?

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





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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

### FACILITY USE ONLY

Date of Service

08 - 12 - 14

Primary Payor ID

Physician ID

Patient Account #

0264

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

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

--	--

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

--	--

Any other comments?

--	--

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

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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Date of Service

08 - 26 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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

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

THE FRIENDLY STAFF!  
THANK YOU FOR JOKING WITH ME!!

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

THERE WAS NOTHING TO DISLIKE!

Any other comments?

I AM SO GLAD TO HAVE DR.  
JENSEN & THE STAFF ON MY  
HEALTH CARE TEAM!! THANK YOU

Mary M. S. Best

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



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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Date of Service

08 - 29 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

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

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

Dr Jensen is very thorough with good bedside manner. He seemed genuinely interested in diagnosing my problems.

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

Any other comments?

Nursing staff 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.



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## Colorado Endoscopy Centers

### GI and Endoscopy Services

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

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

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

#### FACILITY USE ONLY

Date of Service

08 - 28 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

51403



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

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

Everyone was very friendly, helpful and compassionate.  
Waiting area very comfortable

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

- 0 -

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.

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# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

### FACILITY USE ONLY

Date of Service

08 - 28 - 14

Primary Payor ID

Physician ID

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Patient Account #

Do not write or mark in this box.

51403





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

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

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

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

Carol V. Having my IV in a Totally my problem, nurses did well with my Stubborn Veins. But it is the worse.

Any other comments?

The new prep was great. Less to drink, less crampy feeling, and no chills/shakes.

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





# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

### FACILITY USE ONLY

Date of Service

08 - 20 - 14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403



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

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

*Everything was fine.*

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

*No comment*

Any other comments?

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



# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service 21

08-20-14

Primary Payor ID

Physician ID

0264

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Patient Account #

Do not write or mark in this box.

51403





51403

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

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

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

Any other comments?

The nurse in charge of doing my IV did not wear any gloves. It was an uncertain on safety for her and for me. I do not know if she does do that with every patient; if yes it is dangerous for all of us. On other hand she ~~is~~ is a wonderful person.

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





# Colorado Endoscopy Centers

## GI and Endoscopy Services

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

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

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

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

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

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

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

### FACILITY USE ONLY

Date of Service

08-19-14

Primary Payor ID

--	--	--	--	--	--	--	--

Physician ID

--	--	--	--	--	--	--	--

0264

Copyright 2004 Health Inventures

Patient Account #

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Do not write or mark in this box.

51403





51403

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

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

*The nurses are all very nice and that helps an unpleasant procedure to be a little better.*

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.

