



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

02 - 04 - 16

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.

51403





51403

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

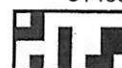
What did you like best about your experience at the facility?

FRIENDLYNESS OF STAFF

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

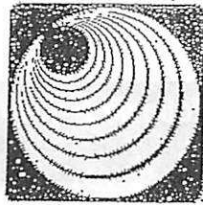
Any other comments?

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FACILITY USE ONLY

Date of Service

02-01-16

Primary Payor ID

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Physician ID

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Patient Account #

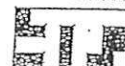
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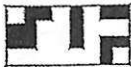
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Please submit your written responses to the following questions in the boxes provided below.

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

Dr. J. Jensen and nurses

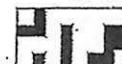
What did you like least about your experience at the facility?

No Complaints

Any other comments?

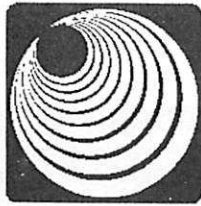
Good doctor and nurses

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02 - 03 - 16

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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 feel relaxed and confident
that I will be taken care of

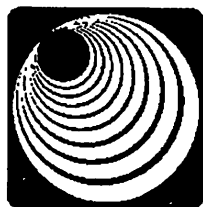
What did you like least about your experience at the facility?

Never have had a bad experience

Any other comments?

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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?

It was very professional - Everyone was very nice

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

Any other comments?

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





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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"/>
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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

02 - 10 - 16

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 kindness and consideration shown

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

The necessary procedure

Any other comments?

I appreciated the Dr's cautious decision

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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 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"/>
<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

02 - 17 - 14

Primary Payor ID

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Physician ID

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Patient Account #

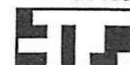
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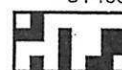
Everything went smoothly - nice staff

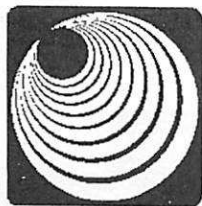
What did you like least about your experience at the facility?

Really nothing.

Any other comments?

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02 - 10 - 16

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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 way I was treated.
Everyone was friendly and helpful*

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

Any other comments?

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

02 - 16 - 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?

Fast + easy

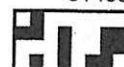
What did you like least about your experience at the facility?

Flood of water made me anxious
Sore jaw - anesthesiologist?

Any other comments?

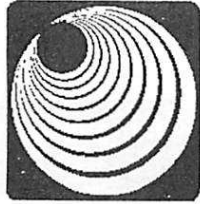
Staff is awesome + caring.

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





51403



Colorado Endoscopy Centers

GI and Endoscopy Services

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

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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

02 - 24 - 16

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?

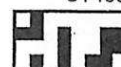
Everyone was so cheerful and very attentive.

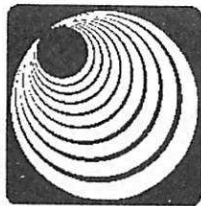
What did you like least about your experience at the facility?

nothing

Any other comments?

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





Colorado Endoscopy Centers

GI and Endoscopy Services

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	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

02 - 16 - 16

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?

I DID NOT FEEL A THING

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

NOTHING EVERYTHING WAS GOOD

Any other comments?

NO

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





Colorado Endoscopy Centers

GI and Endoscopy Services

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FACILITY USE ONLY

Date of Service

02 - 24 - 16

Primary Payor ID

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Physician ID

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

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Do not write or mark in this box.

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

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

VERY POSITIVE, PROFESSIONAL AND FRIENDLY.
MADE ME FEEL AT HOME.

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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	Y	N
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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

02 - 23 - 16

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?

PROCEDURE WAS VERY THOROUGH AND COMPREHENSIVE.

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

NO COMMENTS

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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FACILITY USE ONLY

Date of Service

02 - 25 - 16

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

51403





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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?

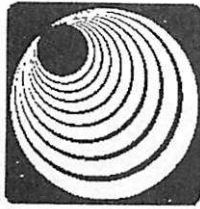
Great Service

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51403



Colorado Endoscopy Centers

GI and Endoscopy Services

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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 talked to you like you were a person not a number. you didn't feel like you headed in and out.
Keep up the good work.*

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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as far
as we
know

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

	Y	N
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Primary Payor ID

Physician ID

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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?

Specialists (Dr. & staff) Expert, Experienced
Caring & Professional

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

N/A

Any other comments?

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.



51403



Colorado Endoscopy Centers

GI and Endoscopy Services

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

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

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

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

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

02 - 25 - 16

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?

EVERYONE WAS VERY NICE.

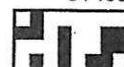
What did you like least about your experience at the facility?

JUST THE SUPER MEET

Any other comments?

SEE YOU IN 5 YEARS

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



51403



Colorado Endoscopy Centers

GI and Endoscopy Services

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

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	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 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

02 - 15 - 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.

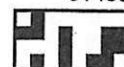
What did you like best about your experience at the facility?

Very Caring

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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	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 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 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 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

02 - 11 - 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.

51403





51403

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

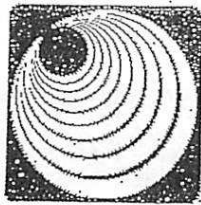
What did you like best about your experience at the facility?

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

Any other comments?

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





Colorado
Endoscopy
Centers



GI and Endoscopy Services

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

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

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

FACILITY USE ONLY

Date of Service

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Primary Payor ID

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Physician ID

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Patient Account #

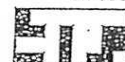
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Do not write or mark in this box.

51403





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?

They got my DV in with the first try!

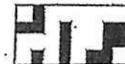
What did you like least about your experience at the facility?

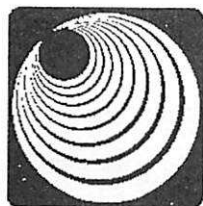
N/A

Any other comments?

N/A

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





Colorado Endoscopy Centers

GI and Endoscopy Services

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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

02 - 29 - 16

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.

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?

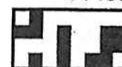
Friendly staff and no colon cancer detected.

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

*The first attempt to put in the IV Tube.
Second try was painless !!*

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

04 - 25 - 16

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

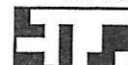
Copyright 2004 Health Inventures

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.

51403





51403

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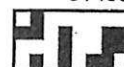
What did you like best about your experience at the facility?

Everyone very friendly and attentive to my needs.
Dr. Jensen is the best. He's always happy. He makes me feel welcome!
Thank you to all the staff and Dr. Jensen. 😊

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

Any other comments?

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





51403



Colorado Endoscopy Centers

GI and Endoscopy Services

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	1	2	3	4	5	N
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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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

04 - 18 - 14

Primary Payor ID

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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 professionalism of the friendly staff, always made me feel calm and that I was in good hands for the procedure

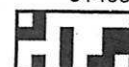
What did you like least about your experience at the facility? Minor Comment:

I would have preferred to have the locker with my belongings locked and the key with me in my room.

Any other comments?

I would highly recommend your Center to anyone.

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 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 - 28 - 16

Primary Payor ID

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Physician ID

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Patient Account #

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Do not write or mark in this box.

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

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

Very friendly, caring attitude of everyone
he came in contact with

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

Hate having IV's but Lee did a really
good job

Any other comments?

Overall, very pleased even considering
that this is painful to go through

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

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

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

FACILITY USE ONLY

Date of Service

04 - 21 - 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?

Everyone was pleasant and willing to help with any of my needs. I was treated with dignity & allowed privacy. A very professional treatment and appreciated.

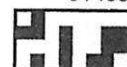
What did you like least about your experience at the facility?

No unpleasant experiences - thank you very much.

Any other comments?

The prep though very unpleasant - was better than those I've had in the past.
Love the warm blanket.

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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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

04-12-14

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?

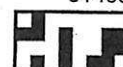
The friendly reassuring staff.

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

Any other comments?

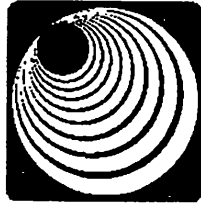
I am impressed with Dr. Jensen and the staff.

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

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

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

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

FACILITY USE ONLY

Date of Service

04 - 07 - 16

Primary Payor ID

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Physician ID

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

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Do not write or mark in this box.



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

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

FRIENDLINESS OF STAFF. GOOD BEHIND MANNERS

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

N/A

Any other comments?

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





Colorado Endoscopy Centers

GI and Endoscopy Services

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

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2. Care provided by the nursing staff before your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Care provided by the nursing staff after your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Protection of your privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Cleanliness and appearance of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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 - 28 - 11

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?

Team work amongst staff.
Staff liked working at CEC.

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

Nothing

Any other comments?

Keep up the great work.

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"/>
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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

04 - 27 - 14

Primary Payor ID

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Physician ID

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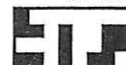
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Patient Account #

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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?

*all the "TLC" from the staff.
Thanks*

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

The prep time was the hardest.

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

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

FACILITY USE ONLY

Date of Service

04 - 25 - 16

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?

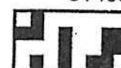
Everyone was very pleasant
& put you at ease. They were
also informative.

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

NA

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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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

04-28-16

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 PEOPLE THAT WORK THERE.

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

THE PREOP TIME

Any other comments?

NOPE

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 - 21 - 16

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?

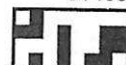
Dr. Jensen's sense of humor.
The nurses kindness and care.

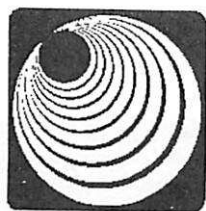
What did you like least about your experience at the facility?

Any other comments?

Great Place - great staff
I feel very confident in
my care here. 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.





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

02 - 04 - 16

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?

EVERYTHING MOVED SMOOTHLY.

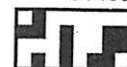
What did you like least about your experience at the facility?

JUST BEING THERE.

Any other comments?

GOOD JOB!

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
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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"/>
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 - 25 - 14

Primary Payor ID

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Physician ID

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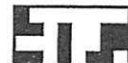
Copyright 2004 Health Inventures

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?

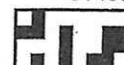
Professionalism of care

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

Any other comments?

Would like options for pain medication explained better.

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





Colorado Endoscopy Centers

GI and Endoscopy Services

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

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

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

	1	2	3	4	5	N
1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 - 13 - 16

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 friendly and professional care provided by the entire staff.

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

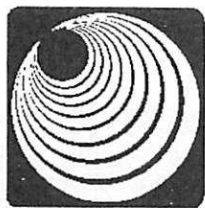
Arrived and my TriCare prime authorization had not been received after a week. I think it was a coordination problem with my PCM at another facility. But all worked out in the end thanks to your staff getting the OK that same day.

Any other comments?

Thanks!

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





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

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

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

FACILITY USE ONLY

Date of Service

04 - 12 - 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?

Staff very professional and caring

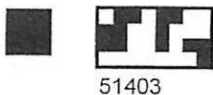
What did you like least about your experience at the facility?

1st try - insertion of IV very painful
2nd try - normal & not so painful

Any other comments?

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





Colorado Endoscopy Centers

GI and Endoscopy Services

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8. Overall experience at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 - 14 - 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?

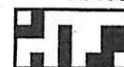
The whole experience was just as we were told it would be!
Efficiency of doctor & staff.

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

not being able to have my morning coffee!

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"/>
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"/>

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 - 28 - 16

Primary Payor ID

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Physician ID

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Patient Account #

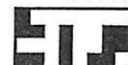
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Please submit your written responses to the following questions in the boxes provided below.

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

Dr. Jensen - He's the best. All his
Nursing staff - Thank you Carol for
putting in IV pain free -
Dr. Jensen is more than Outstanding

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

Don't change a thing!

Any other comments?

Thank you to Dr. Pettis for keeping me
out - Procedure Nurse & especially
Dr. J. & Yes I have Pure Thoughts.
I am so Blessed To have U all in
my health care!

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 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 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 - 20 - 16

Primary Payor ID

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Physician ID

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Patient Account #

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

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

Everyone was so friendly!

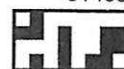
What did you like least about your experience at the facility?

I was just scared - but it passed!

Any other comments?

Felt well taken care of !!!

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





51403



Colorado Endoscopy Centers

GI and Endoscopy Services

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

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

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

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

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

FACILITY USE ONLY

Date of Service

04 - 14 - 18

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?

Clean & efficient

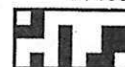
What did you like least about your experience at the facility?

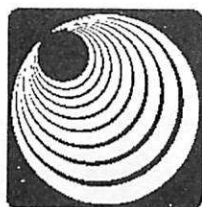
N/A

Any other comments?

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.





Colorado Endoscopy Centers



GI and Endoscopy Services

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

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

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1. Reception and registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3. Care provided by the nursing staff during your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 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

04 - 28 - 16

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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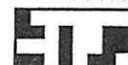
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Patient Account #

<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?

*that I don't remember any of it & that
it's over with*

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

prep beverage

Any other comments?

*all who I encountered were kind
considerate & professional*

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.