



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

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

Scale Definition: 1-Poor 2-Below Average 3-Average 4-G	ood 5-Excellent N=Not Applicable
<ol> <li>Reception and registration process</li> <li>Care provided by the nursing staff before your procedure</li> <li>Care provided by the nursing staff during your procedure</li> <li>Care provided by the nursing staff after your procedure</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance of the facility</li> <li>Your overall confidence in the care provided to you by the staf</li> <li>Overall experience at the facility</li> </ol>	
9. Would you recommend the facility to family members or friend 10. Did you receive discharge instructions?  11. Were the instructions clear?	ΥN
FACILITY USE ONLY  Date of Service  Primary Payor ID  0264  Copyright 2004 Health Inventure  Do not write or mark in this box.	Physician ID  Patient Account # es 51403

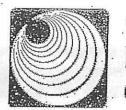


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# Colorado Endoscopy Centers

#### GI and Endoscopy Services

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

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What did you	like least about yo	ur evnerien	oce at the facili	tv2	
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None	have had	- o b	ed exp	Source	
Any other con	nments?				
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Thank you for taking the time to complete this survey and share your ideas. Please fold the completed survey and return it in the envelope provided. No postage is necessary.

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	our experience at the facility?
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What did you like least about y	our experience at the facility?
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Any other comments?	
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Patient Account #  Copyright 2004 Health Inventures  Do not write or mark in this box		FACILITY USE ONLY	
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What did you like best about your experience at the facility?

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What did you like best	: about your	experience at	the facility?		(4)
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Date of Service Primary Payor ID  O 2 6 4  Copyright 2004 Health Inventures  Do not write or mark in this box.	Physician ID  Patient Account #  51403



What did you like best about yo	our experience at the facility?
I liked the in	way I was treated.  I faiendly and helpful
What did you like least about yo	our experience at the facility?
64	8
45	
N	
Any other comments?	
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Do not write or mark in this box.	51403



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

Fast + lasy	
What did you like least about your experience at the facility?	*
Flood of water made me anxious	
Flood of water made me anxious Sore jaw - anesthesiologist?	
Any other comments?	
Staff is awesome + caring.	-







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10. Did you receive discharge instructions?	
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What did you like best ab	out your experience at the facility	?
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	e de la casa de la cas	
What did you like least abo	out your experience at the facility	?
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Any other comments?		
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What did you like best about your experience at the facility?

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

NOTHING EVERYTHING WAS GOOD

Any other comments?

NO









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What did you like best about your experience at the facility?	8
VERY POSITIVE PROFESSIONAL AND FRIENDLY. MADE ME FEEL AT HOME.	
MADE ME FEEL AT HOME.	
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What did you like least about your experience at the facility?	. 8
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Any other comments?	
Any other comments:	,
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#### GI and Endoscopy Services

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9. Would you recommend the facil 10. Did you receive discharge instructions clear?	*	ollowing questions.  Y N  M  M  M  M  M  M  M  M  M  M  M  M
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Date of Service	Primary Payor ID  Copyright 2004 Health Inventures	Physician ID  Patient Account #



What did you like best about y	our experience at the facility?
PROCEDURE WAS VERY	THOROUGH AND COMPREHENSIVE,
	*
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What did you like least about y	our experience at the facility?
NO COMMENTS	y ≥
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	**
Any other comments?	
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What did ye	ou like best about your experience at the facility?
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What did yo	ou like least about your experience at the facility?
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Any other o	comments?
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What did you like b	est about you	ur experience at the fa	cility?	380
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8. Overall experience at the facility		
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9. Would you recommend the facili	ty to family members or friends?	M D
10. Did you receive discharge instru	uctions?	
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Date of Service	Primary Payor ID	Physician ID
02-24-16		
		Patient Account #
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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
9
Any other comments?
Thank you.
*











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.

riease mark the box that best describes the quality of your	r experience at this facility.
Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good 5	5-Excellent N=Not Applicable
	1 0 0 1 5 1
Reception and registration process	
2. Care provided by the nursing staff before your procedure	
3. Care provided by the nursing staff during your procedure	
4. Care provided by the nursing staff after your procedure	
5. Protection of your privacy	
6. Cleanliness and appearance of the facility	
7. Your overall confidence in the care provided to you by the staff	
8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the fo	llowing questions
	wowing questions.
9. Would you recommend the facility to family members or friends?	ŔÖ
10. Did you receive discharge instructions?	
11. Were the instructions clear?	
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What did you like best about your experience at the facility?	
ELERYONE WAS VERY NICE.	
What did you like least about your experience at the facility?	s.
JUG THE SUPER PREP	
Any other comments?	
SEE YOU IN & YEAR!	7/10







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

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Scale Definition: 1-Poor 2-l	Below Average 3-Average 4-Good	5-Excellent N=Not Applicable
<ol> <li>Reception and registration process.</li> <li>Care provided by the nursing states.</li> <li>Care provided by the nursing states.</li> <li>Care provided by the nursing states.</li> <li>Protection of your privacy.</li> <li>Cleanliness and appearance of the case.</li> <li>Your overall confidence in the case.</li> <li>Overall experience at the facility.</li> </ol>	aff before your procedure aff during your procedure aff after your procedure the facility are provided to you by the staff	1 2 3 4 5 N
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nt did you lik	e least about your exp	erience at the facility?	
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other comr	nents?		
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<ol> <li>Reception and registration process</li> <li>Care provided by the nursing states</li> <li>Care provided by the nursing states</li> <li>Care provided by the nursing states</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance of the</li> <li>Your overall confidence in the cares</li> <li>Overall experience at the facility</li> </ol>	ff before your procedure  ff during your procedure  ff after your procedure  ne facility		4 5 N N N N N N N N N N N N N N N N N N
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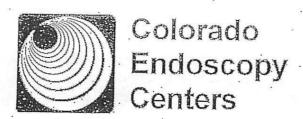


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Vhat did you like least abo	out your experience at the fac	cility?
any other comments?		
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Thank you for choosing this facility for your procedure. We hope your experience was a positive one and that you are well on your way to recovery.

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Reception and registration process	
Care provided by the nursing staff before your procedure	
Care provided by the nursing staff during your procedure	
4. Care provided by the nursing staff after your procedure	
5. Protection of your privacy	
6. Cleanliness and appearance of the facility	
7. Your overall confidence in the care provided to you by the staff	
8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the fo	llowing guestions
Would you recommend the facility to family members or friends?	X N
10. Did you receive discharge instructions?	
11. Were the instructions clear?	
en g	r
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	Patient Account #
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What did you like best about you	ır experience at the fac	ility?
They got my IV in with	the first try!	
What did you like least about you	ır experience at the fac	ility?
N/A		
Any other comments?		
MA		

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





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Please mark the box to indicate YES or NO to the fol	lowing questions
<ul><li>9. Would you recommend the facility to family members or friends?</li><li>10. Did you receive discharge instructions?</li><li>11. Were the instructions clear?</li></ul>	Y N D
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	e best about your e				
Friendly	staff an	d no c	rolon c	ancer	detected
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What did you like	e least about your e	xperience at th	e facility?		iu" a
The first	t attempt try was po	to put i	in the	IV To	be.
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Any other comm	ents?		1.257-776		
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9. Would you recommend the faci 10. Did you receive discharge instr 11. Were the instructions clear?		ollowing questions.  Y  X	N       
Date of Service  O 4 - 25 - 16  O 2 6 4  Do not write or mark in this box.	Primary Payor ID  Copyright 2004 Health Inventures	Physician ID Patient Account #	1403



What did you like best about you	r experience at the facility?
to my need Dr. Jenser Lappy. De m Thank you to	friendly and attentine is the dest. He's always walls me feel welcome. Jensen or all the steff and Dr. Jensen
What did you like least about you	ir 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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Please mark the box to indicate YES or NO to the fol	llowing questions.
<ul><li>9. Would you recommend the facility to family members or friends?</li><li>10. Did you receive discharge instructions?</li><li>11. Were the instructions clear?</li></ul>	Y N X
	(K
FACILITY USE ONLY	
Date of Service Primary Payor ID	Physician ID
0 2 6 4 Copyright 2004 Health Inventures	Patient Account #
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What did you like best about your experience at the facility?

The professionalism of the Friendy 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? Min or 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.







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Scale Definition: 1-Poor 2	2-Below Average 3-Average 4-Good 5	5-Excellent N=Not A	pplicable
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	box to indicate YES or NO to the fo cility to family members or friends? tructions?	llowing questions	Y N  N  M  III
Date of Service  0 4 - 28 - 16  0 2 6 4	FACILITY USE ONLY  Primary Payor ID  Copyright 2004 Health Inventures	Physician ID Patient Accour	nt #
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What did you like best about your experience at the facility?

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

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

Hote howing 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.

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	1 2 3 4 5 N
Reception and registration process	1 2 3 4 5 N
2. Care provided by the nursing staff before your procedure	
3. Care provided by the nursing staff during your procedure	
4. Care provided by the nursing staff after your procedure	
5. Protection of your privacy	
6. Cleanliness and appearance of the facility	
7. Your overall confidence in the care provided to you by the staff	
8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the f	iollowing questions
ricase mark the box to mulcate 123 of NO to the h	Y N
9. Would you recommend the facility to family members or friends?	N N
10. Did you receive discharge instructions?	Ž 🗆
11. Were the instructions clear?	$\boxtimes$ $\square$
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What did yo	ou like be	est about yo	ur experie	nce at the f	acility?			
My NU.	dr. I	pleasant was trust or inal to	ed win	ch olyni	ty x C.	lowed	niva	icy.

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

No un places experiences - thank you way much.

#### Any other comments?

The prep through very unperasent - coas better their those First hair the past.

Land the warm blander.

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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<ol> <li>Reception and registration pro</li> <li>Care provided by the nursing s</li> <li>Care provided by the nursing s</li> <li>Care provided by the nursing s</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance o</li> <li>Your overall confidence in the</li> <li>Overall experience at the facilities</li> </ol>	staff before your staff during your staff after your pr f the facility care provided to	procedure rocedure	staff		2	3 4	5 X X X X X X X X X X X X X X X X X X X	N
Please mark the	box to indicate	YES or NO	to the	following a	uestic	ns.		
<ul><li>9. Would you recommend the fa</li><li>10. Did you receive discharge ins</li><li>11. Were the instructions clear?</li></ul>		embers or f	riends?	V		Y X X	N 	
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hat did you like best ab	out your experience at the facility?
The friendly	y reassuring staff.
0	
hat did you like least ab	out your experience at the facility?
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ny other comments?	
-1 man im	pressed with As. Jensen
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and the see	gr.
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<ol> <li>Reception and registration proces</li> <li>Care provided by the nursing states</li> <li>Care provided by the nursing states</li> <li>Care provided by the nursing states</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance of terms</li> <li>Your overall confidence in the case</li> <li>Overall experience at the facility</li> </ol>	ff before your procedure  ff during your procedure  ff after your procedure  he facility	1 2 3 4 5 N
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Date of Service	FACILITY USE ONLY Primary Payor ID	Physician ID
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What did you like best	about your experie	ence at th	e facility?		
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What did you like least	about your experie	ence at th	e facility?		
NA					
Any other comments?					
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w Average	3-Average	4-Good	5-Excellen	t N=1	Not Ap	plica	ble	
luring your p fter your pro	rocedure	staff			3	4		N
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What did you like best about your experience at the facility?

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54 off leked 2	earking at CEE.	
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What did you like least about you	ur experience at the facility?	
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Any other comments?		
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Scale Definition: 1-Poor	2-Below Average	3-Average	4-Good	5-Evcollant	N-Not A	nnlia-	ble	-
Oddie Berintion: 1-1 001	Z-Delow Average	3-Average	4-G000	5-Excellent	N=NOT A	рриса	bie	
2 2			8	1	2 3	4	5	Ν
1. Reception and registration pro	ocess	×					X	
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3. Care provided by the nursing	staff during your p	orocedure					X	
4. Care provided by the nursing	staff after your pro	ocedure					X	П
5. Protection of your privacy					ПП	П	X	$\overline{\Box}$
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7. Your overall confidence in the	care provided to	you by the	staff	$\Box$	$\exists \ \sqcap$	$\Box$	V	$\Box$
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Please mark the	box to indicate	YES or NC	to the	ollowing q	uestions	3.		
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11. Were the instructions clear?							П	
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what did you like b	est about your expe	rience at the racilit	.y ?	
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M	anks			00
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What did you like le	east about your expe	erience at the facilit	ty?	
The preg	s time wo	so the ha	rdest.	
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Any other commen	ts?			2018/2019
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Coale Bellintion. 1-Foor	z-Below Average 3-Average 4-Good 5	-Excellent N=Not A	pplicable
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What did you like best about your experience at	tne racility?
Everyone was very serry abstitute also in farmature	Pleasant They were
	3
What did you like least about your experience at	the facility?
MA	
	5 (30)
Any other comments?	
	~:

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Scale Definition: 1-Poor 2-B	elow Average	3-Average	4-Good	5-Excellent	N=Not A	oplicab	le	
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What did you like best about your experience at the facility?	N
THE PEOPLE THAT WORK THERE.	
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	9
	received the second
What did you like least about your experience at the facility?	96
THE PREOP TIME	
	**
Any other comments?	
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Scale Definition: 1-Poor 2-	Below Average 3-Average 4-Good	5-Excellent N=Not Applicable
<ol> <li>Reception and registration proces</li> <li>Care provided by the nursing states</li> <li>Care provided by the nursing states</li> <li>Care provided by the nursing states</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance of</li> <li>Your overall confidence in the case</li> <li>Overall experience at the facility</li> </ol>	aff before your procedure aff during your procedure aff after your procedure the facility are provided to you by the staff	1 2 3 4 5 N
Please mark the b	ox to indicate YES or NO to the	following questions.
<ul><li>9. Would you recommend the faci</li><li>10. Did you receive discharge instr</li><li>11. Were the instructions clear?</li></ul>		Y N M D M D
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		Patient Account #
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What did you like best about your	experience at the facility?	
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What did you like least about your	experience at the facility?	
		**
Any other comments?		
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my Care her	R. Stank y	u.C)

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Scale Definition: 1-Poor 2-B	elow Average	3-Average	4-Good	5-Excellen	t N=N	lot App	licable	
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3. Care provided by the nursing staf	f during your	procedure		Ħ				
4. Care provided by the nursing staf	f after your pr	ocedure				П		П
5. Protection of your privacy					П	$\Box$		
6. Cleanliness and appearance of the	ne facility							ΙП
7. Your overall confidence in the car	e provided to	you by the	staff					
8. Overall experience at the facility								
Please mark the bo	x to indicate	YES or NO	) to the f	following (	nuési	ions		
				g			Y N	
9. Would you recommend the facilit	ty to family me	embers or f	riends?				$\mathbb{Z}$	
10. Did you receive discharge instru	ctions?							
11. Were the instructions clear?							$\mathbb{X}$	
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What did you like best about your exp		ne facility?		
EVERYTHING MOVED SMO	DTHLY.			
		×		
	Martenage desirent to the mare			
What did you like least about your exp	perience at the	ne facility?		60
JUST BEING THERE.				
			or and the state of the state o	
Any other comments?				
(500D JOB !		<i>tii</i>		
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1. Reception and registration proces. 2. Care provided by the nursing states. 3. Care provided by the nursing states. 4. Care provided by the nursing states. 5. Protection of your privacy. 6. Cleanliness and appearance of 7. Your overall confidence in the case. 8. Overall experience at the facility.	ess  aff before your procedure  aff during your procedure  aff after your procedure  the facility  are provided to you by the staff	1 2 3 4 5 N
9. Would you recommend the faci 10. Did you receive discharge instr 11. Were the instructions clear?		Y N  X  X  X  X  X  X  X  X  X  X  X  X  X
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2001 1		the facility?	
Professionalism of care		4	
	*	<u>8</u> 3	
			28
			9
What did you like least about yo	ur experience at	the facility?	*
		4	
			8
Any other comments?			
Would like options for pai	n medicution ex	plained better.	,
			*

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<ol> <li>Reception and registration proce</li> <li>Care provided by the nursing state</li> <li>Care provided by the nursing state</li> <li>Care provided by the nursing state</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance of the</li> <li>Your overall confidence in the cane</li> <li>Overall experience at the facility</li> </ol>	ff before your procedure  ff during your procedure  ff after your procedure  he facility	1 2 3 4 5 N
Please mark the bo	x to indicate YES or NO to the f	ollowing questions.
<ul><li>9. Would you recommend the facili</li><li>10. Did you receive discharge instructions clear?</li></ul>	•	× N
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what ui	a you like be	est abou	it your experien	ce at the	racility?		
The	Friendly	and	proflesonel	care	prov. Led	24	the-

entire stiff.

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 fearlify. But all world out in the end thanks to your stiff getting the oke that save day.

### Any other comments?

Th. K5!

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Scale Definition: 1-Poor 2-Below Average 3-Average 4-Good	5-Excellent N=Not Applicable
<ol> <li>Reception and registration process</li> <li>Care provided by the nursing staff before your procedure</li> <li>Care provided by the nursing staff during your procedure</li> <li>Care provided by the nursing staff after your procedure</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance of the facility</li> <li>Your overall confidence in the care provided to you by the staff</li> <li>Overall experience at the facility</li> </ol>	1 2 3 4 5 N
9. Would you recommend the facility to family members or friends? 10. Did you receive discharge instructions? 11. Were the instructions clear?	ollowing questions.  Y N
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Date of Service  Primary Payor ID  O 2 6 4  Copyright 2004 Health Inventures  Do not write or mark in this box.	Physician ID  Patient Account #



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

Staff v	ery profes	sional and ring
What did you like least about	your experience at the f	facility?
1st try-	instrtion painful normal + no	t so painful
Any other comments?		

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Scale Definition: 1-Poor 2-B	elow Average	3-Average	4-Good	5-Excellent	N=No	t Applica	ble	
<ol> <li>Reception and registration proce</li> <li>Care provided by the nursing star</li> <li>Care provided by the nursing star</li> <li>Care provided by the nursing star</li> <li>Protection of your privacy</li> <li>Cleanliness and appearance of the</li> <li>Your overall confidence in the car</li> <li>Overall experience at the facility</li> </ol>	ff before your proff after your proff after your professioner facility	procedure ocedure	staff		2	3 4		N
Please mark the bo	x to indicate	YES or NO	to the f	following o	uestic	ons.		
<ul><li>9. Would you recommend the facili</li><li>10. Did you receive discharge instru</li><li>11. Were the instructions clear?</li></ul>		embers or f	riends?			Y  X  X  X	N	
				200				
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							P	



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 & slaff.
What did you like least about your experience at the facility?
not being able to have my morning coffee!
Any other comments?

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Scale Definition: 1-Poor 2-	-Below Average 3-Average 4-Good 5	5-Excellent N=Not Applicable
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Please mark the b	ox to indicate YES or NO to the fo	llowing questions.
<ul><li>9. Would you recommend the fact</li><li>10. Did you receive discharge instr</li><li>11. Were the instructions clear?</li></ul>	#4	Y N N N N N N N N N N N N N N N N N N N
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What did you like best about your experience at the facility?
Dr. Jensen - Hes the best. all his
Nursing staff - Thank you card for
Peitting en IV pain free
Dr. Jensen is More than Crit clanding
NAVI - 4 - 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
What did you like least about your experience at the facility?
Don't change a Thing,
Any other comments?
Shank your to Dr Letts for Keepingere
out- Procedure Nurse & especially
Dr. J. & Yes I have Pure Thoughts.
Dan so alessed to have Il allen
war so been a
my health care

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Scale Definition: 1-Poor 2-E	Below Average 3-Average 4-Good 5	-Excellent N=Not Applica	ble
2		1 2 3 4	E N
1. Reception and registration proce	ess		5 N
2. Care provided by the nursing sta	iff before your procedure		
3. Care provided by the nursing sta	iff during your procedure		
4. Care provided by the nursing sta	ff after your procedure		
5. Protection of your privacy			<b>2</b>
6. Cleanliness and appearance of t	he facility		
7. Your overall confidence in the ca	re provided to you by the staff		
8. Overall experience at the facility			
Please mark the bo	ox to indicate YES or NO to the fo	llowing questions.	
		Y	N
9. Would you recommend the facil	* **/ <sub>E</sub>		
10. Did you receive discharge instru	uctions?		
11. Were the instructions clear?		<u>//</u>	
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What did you like best about your experience at the facility?

En	veryone w	as so	friend	leg!
	1	1 == = 18		
What did you	like least about your exp	erience at the facil	ity?	
Q L	like least about your exp	scare	d - but	
<b>8</b> 3				
100				
Any other cor		where it is now		
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1				

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Scale Definition: 1-Poor 2-	Below Average 3-Average 4-Good	d 5-Excellent N=I	Not Applica	ble	
		1 2	3 4	5	N
1. Reception and registration proc	ess	$\dot{\Box}$		ЙΙ	
2. Care provided by the nursing st	aff before your procedure				
3. Care provided by the nursing st	aff during your procedure				
4. Care provided by the nursing st					
5. Protection of your privacy				$\overline{\Box}$	
6. Cleanliness and appearance of	the facility				
7. Your overall confidence in the c	are provided to you by the staff				
8. Overall experience at the facility	1				
Please mark the h	ox to indicate YES or NO to the	following gues	iono		
r iodoo mark eno s	ox to maldate 120 of 140 to the	Fioliowing ques	ions.	N	
9. Would you recommend the fac	ility to family members or friends?			$\Box$	
10. Did you receive discharge inst	ructions?				
11. Were the instructions clear?					
		Set			
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		Patient Ac	count#		
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What did you like best about you	ır experience at	the facility?		
Clean I efficient		3		
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		CONTROL CONTROL AND CONTROL CO		
What did you like least about you	ır experience at	the facility?		*
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1000				
2				
Jaj				
Any other comments?				
Share you.			· · · · · · · · · · · · · · · · · · ·	
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<i>a</i>				

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	1 2 2 4 E N
Reception and registration process	
2. Care provided by the nursing staff before your procedure	
3. Care provided by the nursing staff during your procedure	
4. Care provided by the nursing staff after your procedure	
5. Protection of your privacy	
6. Cleanliness and appearance of the facility	
7. Your overall confidence in the care provided to you by the staff	
8. Overall experience at the facility	
Please mark the box to indicate YES or NO to the fo	Mowing questions
i isass mant the box to maloute 120 of 140 to the 10	mowing questions.
9. Would you recommend the facility to family members or friends?	Ν̈́Π
10. Did you receive discharge instructions?	NI
11. Were the instructions clear?	
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What did you like best ab	out your e	xperience a	at the facili	ty?	s
that I don't	h veme	ember	any of	fit & I	That
it's over we	ch	. 18.8			
	The same				
		20		**	
What did you like least ab	out your e	xperience a	at the facili	ty?	- 8
prep hevera	ge		N)		
					N.
Any other comments?	761	474		87	
all who I	encou	ntered	were	Kind	
Considerate ?	profe	asiona	ė-		
4					

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