



ATLANTIC GASTROENTEROLOGY
ENDOSCOPY CENTER

Patient Satisfaction Survey

Please take a moment to evaluate our services so we may better serve you in the future
Place a check mark in the box that most reflects your satisfaction with the items listed below.

	YES	NO	N/A
1. Was your overall experience in our facility pleasant?			
2. Was the information you received prior to your appointment helpful and easily understood?			
3. Did you find our facility comfortable and clean?			
4. Was our estimate that your stay in our facility would be approximately 2 ½ hours or less from admission to discharge accurate?			
5. Were the staff (receptionist, nurses, technicians and physicians) friendly and responsive to your needs?			
6. If biopsies were obtained, were your results received in a timely manner?			
7. If a financial arrangement was made, was it handled to your satisfaction?			
8. Would you recommend us to others?			

If any of our services were less than satisfactory, please comment below so that we can take steps to correct the problem.

What did you like most about the facility?

How did you hear about our facility? ___ Doctor ___ Family/Friend ___ Internet ___ Other

Date of your procedure _____

Completed by: _____ (optional)

Thank You!

If you have any questions or concerns about your care while in our facility, please contact Lara Paige Hollis, Nurse Manager at 252-758-5757.

*Random survey comments may be selected to appear on our website. Names will not be included.