



Dear Patient: You recently visited Riverfront Surgery Center for a procedure.

A. OUR FACILITY	Excellent	Good	Fair	Poor	N/A
Our facility hours					
Adequate Parking					
Signage and easy to find					
B. YOUR APPOINTMENT					
Ease of making your appointment with your doctor's office					
Appointment available within a reasonable amount of time					
C. OUR COMMUNICATION					
Being informed of your arrival time at the facility					
Informed of what to expect, what to bring the day of procedure					
Ability to contact us or your doctor's office for further questions					
D. CHECK-IN PROCESS					
Overall efficiency of the check-in process					
Friendliness of the front staff					
Wait time in the patient lobby					
E. Clinical Experience					
Willingness and taking time to listen to your concerns					
Overall amount of time spent with you					
Overall care from our staff and your provider					
Information provided to you for your aftercare					

<p>Comments:</p> <p>Name: _____</p> <p>DOB: _____ Date of Service: _____</p> <p>Would you like a return call to discuss any concerns? Yes or NO</p> <p>Best Phone Number to reach you: _____</p> <p>Please submit to: dmcelhone@riverfrontsurgery.com tfedak@riverfrontsurgery.com</p>					
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We would like to hear about your experience at our facility and with our staff.