

Lincoln Endoscopy Center
Patient Satisfaction Questionnaire

In order that we may better serve our patients, would you please take a few moments to evaluate our center and the care you received.

In terms of your satisfaction, how would you rate each of the following services:

	Excellent 1	Good 2	Fair 3	Poor 4
1. Length of time spent waiting for the procedure.				
2. Adequacy of explanation of what was done for you (all your questions answered).				
3. Remained comfortable throughout your visit at our facility.				
4. The amount of sedation was adequate to maintain comfort.				
5. The personal manner (courtesy, respect, sensitivity, friendliness) of the staff (reception, nurses, technicians, MD)				

1. What did you like most about the facility? _____

2. What did you like least about the facility (suggestions for improvement) ? _____

3. Would you consider having this procedure done again at this facility? YES _____ NO _____

**Please sign and mail this questionnaire or fax completed survey to 402-465-8444.
Your name will be entered in a drawing for a free gift.**

Name: (optional) _____ **Procedure date:** _____