

# Carolina Heart Center, PA

**3406 Six Forks Road**

**Raleigh, NC 27609**

**Tel: 919-881-7770**

**Fax: 919-510-4600**

We welcome your impressions of our medical practice. Please take few moments to complete this form and return to us by mail, fax or in person at you next visit to the Carolina Heart Center so that we can serve you better.

	1	2	3	4	5	
	Highly Dissatisfied	Somewhat Dissatisfied	Neither Satisfied or Dissatisfied	Somewhat Satisfied	Highly Satisfied	No Response
Date Completed: _____						
Ease in Scheduling Appointment						
Welcome by Receptionist						
Appearance of the reception staff						
Waiting time in the lobby						
Waiting time in the exam room						
Reading materials in the lobby						
Comfort and cleanliness of office						
Helpfulness of nursing staff						
Availability of literature about your illness						
Friendliness of the physician						
Physician's concern for you						
Physician's thoroughness						
Physician's answers to your questions						
Financial policies, arrangements or payment						
Check out process is smooth and efficient						
How satisfied are you with our services?						
Would you recommend us to your family/friends? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Additional Comments and suggestions:						

\_\_\_\_\_  
Name

\_\_\_\_\_  
Contact number

*If you would like to receive feedback from the office/ physician please write above your name and contact number.*