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Dear Patient:

Please take a few minutes to answer the attached patient survey. We are interested in hearing your comments and concerns, and intend to take them into careful consideration. Your response to the survey questions will help us in our ongoing efforts to improve the quality of care and services to our patients.

Please complete the survey and return it to our office in the postage paid envelope provided.

Thank you for your cooperation.

Sincerely,

Urology Associates, P.C.

Note: Please return this survey in the post-paid envelope enclosed
Attention: Justine Platt

1/23/06jp

4. Were you comfortable during the exam? Yes () No ()

a. Please rate your experience Excellent () Good () Fair () Poor ()

Additional comments: _____

5. Were you informed during the procedure about what to expect? Yes () No ()

Additional comments: _____

6. Did you understand all of the follow-up instructions given to you by the doctor and /or CAT Scan technician after the procedure? Yes () No ()

Additional comments: _____

7. Is there anything that you would recommend to make you more comfortable, so that others may benefit from your experience?

a. Please rate your overall experience : Excellent () Good () Fair () Poor ()

Additional comments: _____

8. If for some reason, you were not able to keep your appointment for the CAT Scan procedure, please explain why. Your answers will help make this procedure more convenient for our patients. _____

9. *Please rate your overall experience :* Excellent () Good () Fair () Poor ()

Additional comments: _____

