

Advanced Interventional Cardiology Consultants

Boris D. Nunez, M.D., F.A.C.C.

Patient Satisfaction Survey

Name: _____ Date of visit: ___/___/___

Which Provider did you see? Dr. Boris Nunez Christopher Rodriguez, Physician Assistant

Survey Instructions

In an effort to better meet your needs and expectations, we ask that you take a few minutes to fill out this survey which allows you to rate different aspects of your visit. **Please note that all responses will be confidential.**

When you called for your appointment:

- Did you have any problems getting through our phone lines? Yes No
If you were put on hold, did you have to wait for a long time? Yes No
New Patients: did our staff give you directions to our office? Yes No
Did our staff advise you to bring all your medications? Yes No
Was our staff professional and courteous on the phone? Yes No

Before your appointment:

- New Patients: did you receive new patient forms in the mail? Yes No
Did our staff call you to remind you of your appointment? Yes No

Facility and convenience:

- Did you have any problem finding our facility? Yes No
Did you find our office's general appearance clean? Yes No
Was the length of time that you had to wait to be seen reasonable? Yes No
Please specify how long you had to wait to be seen: _____

Staff Clinical Skills:

- Was the nursing staff professional? Yes No
Was the nursing staff clear and thorough with instructions? Yes No

Practitioner/s

- Did the practitioner show interest in your care? Yes No
Was the practitioner thorough when providing care? Yes No
Do you feel that you received the care your expected? Yes No
If not, please explain: _____

Office Testing:

- Was the staff professional and courteous? Yes No
Was the testing room clean and convenient? Yes No
Please specify what test/s you had at our facility: _____

Any other comment/s?: _____

Would you like for management to call you to discuss your responses? Yes No

If yes, what is the best telephone number to call you? _____

Thank you for your assistance! 😊 Please leave the form at the front desk or mail to:

AICC, Attn: Administration
320 S.R. 60 East, Lake Wales, FL 33853