



**ONCOLOGY SPECIALISTS
OF
CHARLOTTE, PA**

Patient Satisfaction Survey

We would like your opinion about the services we provide so we can make sure we are meeting your needs. Please take a moment of your time to complete this form. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous.

| Please check how well you think we are doing in the following areas: | GREAT 5 | GOOD 4 | OK 3 | FAIR 2 | POOR 1 |
|--|------------|-----------|---------|-----------|-----------|
| The convenience of our location | | | | | |
| Office environment (Cleanliness, comfort, lighting, temperature) | | | | | |
| The Professionalism and politeness of the front desk, receptionist, and scheduling staff | | | | | |
| The amount of time between scheduling an appointment and the appointment date we gave you was reasonable | | | | | |
| Promptness of Service (calls returned/questions answered) | | | | | |
| Ease of reaching staff members by phone for medical questions and concerns was reasonable | | | | | |
| Nursing/Clinical staff is compassionate and attentive to my needs | | | | | |
| Laboratory environment and staff | | | | | |
| Explanation of plan of care was clear and thorough | | | | | |
| During my visit my doctor used words I could understand | | | | | |
| Physician and staff answered all my questions | | | | | |

Is our Website useful? Yes No

Please identify who gave you care: Boyd Chapman Favaro Taylor Misra L. Kelley

Would you recommend this doctor to friends or family? Yes No

Please tell us about anything that was done well or anything that could have improved the care and services you received at your most recent visit. Use the space below and back of this page if you need more space. Please print or write legibly.

THANK YOU!