

NEPHROLOGY ASSOCIATES OF SYRACUSE, PC

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PATIENT SATISFACTION SURVEY

**Dear Patient: Please share your opinion about the services you received today from our Practice.
Thank you for your participation.**

PLEASE RATE THE FOLLOWING:

TODAY'S DATE: _____

	Excellent	Very Good	Good	Fair	Poor	N/A
A. RECEPTION AND CHECK-IN						
1. The friendliness and helpfulness of the receptionist	5	4	3	2	1	N/A
2. The efficiency of the check-in process	5	4	3	2	1	N/A
3. Concern for your privacy	5	4	3	2	1	N/A
B. LAB						
1. The friendliness and helpfulness of the lab staff	5	4	3	2	1	N/A
2. The efficiency of the lab process	5	4	3	2	1	N/A
3. Instructions regarding test to be done	5	4	3	2	1	N/A
C. MEDICAL ASSISTANTS/CHECK OUT						
1. Friendliness & helpfulness of medical assistants	5	4	3	2	1	N/A
2. The efficiency of the rooming process	5	4	3	2	1	N/A
3. Keeping you informed of delays	5	4	3	2	1	N/A
4. The efficiency of the check out process	5	4	3	2	1	N/A
D. PHYSICIANS and MIDLEVELS						
1. The friendliness and helpfulness of the clinical staff	5	4	3	2	1	N/A
2. Willingness to listen carefully to you	5	4	3	2	1	N/A
3. Instructions regarding medication/follow-up care	5	4	3	2	1	N/A
4. The thoroughness of the examination	5	4	3	2	1	N/A
E. RN STAFF - CLINIC						
1. The friendliness and helpfulness of the nurse	5	4	3	2	1	N/A
2. The efficiency of the nursing process	5	4	3	2	1	N/A
F. BILLING						
1. Billing questions answered in timely manner	5	4	3	2	1	N/A
G. YOUR OVERALL SATISFACTION						
1. Overall comfort	5	4	3	2	1	N/A
2. Adequate parking	5	4	3	2	1	N/A
3. Signage and directions easy to follow	5	4	3	2	1	N/A
4. Wait Time	5	4	3	2	1	N/A