



THE CENTER OF EXCELLENCE

Merced Comprehensive Cancer Center

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Main: (209)726-3410 Fax: (209)726-3371

PATIENT SURVEY

Thank you for your recent visit to our office! In effort to continue positive patient relations, we wish to get your feedback on your experience here at El Portal Cancer Centers. We would greatly appreciate it if you could fill out the following confidential survey and return it back to us. Your responses will improve our ability to maximize the patient experience and better serve you in the future.

Please rate your satisfaction using the scale below. All comments are valuable and if you rate any question '3' or below, please take a moment to explain your concern or how we might improve.

1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

Dr. Mahmoudieh _____ Dr. Chillar _____ Other _____

Dr/NP/PA skills and ability. Your rating: _____

Comments: _____

- Your confidence that Dr/NP provided to you the care and services your medical condition required. Your rating: _____

Comments: _____

- How well Dr/NP listened to you and explained what was being done. Your rating: _____

Comments: _____

- How familiar Dr/NP was with your medical history. Your rating _____

Comments: _____



OFFICE STAFF

- The overall phone service you experienced in connection with your office visit(s). Your rating: _____

Comments: _____

- The amount of time you had to wait on the phone before speaking with someone. Your rating: _____

Comments: _____

- How well your needs and schedule were taken into consideration when scheduling appointment(s). Your rating: _____

Comments: _____

- Courtesy and helpfulness of staff during your visit(s). Your rating: _____

Comments: _____

- The coordination of all people who cared for you during your office visit(s). Your rating: _____

Comments: _____

- How well your needs were met during your office visit(s). Your rating: _____

Comments: _____

- The ability of the staff to answer your questions or concerns regarding treatment(s). Your rating _____

Comments: _____

- The ability of the staff to answer any questions regarding insurance and billing. Your rating _____

Comments: _____

- Please rate your satisfaction with the overall quality of care received during your therapy.

Your rating: _____

Comments: _____

- How do you feel we could improve care with regard to Radiation Therapy?

- Is there anything you wish to tell us about your experience with El Portal Radiation Oncology Center?
