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(907) 222-1401

How Are We Doing?

As patient satisfaction is very important to us, please take a few minutes to fill out this survey on the timeliness and quality of the service you received at our office. Alaska Colorectal Surgery welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

Please circle the number that best reflects the level of customer service or you feel you received within our office.

Instant Access/Colonoscopy Scheduling	1= Poor	5= Fair	10= Excellent
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How would you rate the instant access program that offers a streamlined process for busy patients to achieve colon cancer screenings?

1 2 3 4 5 6 7 8 9 10

How would you rate your overall interaction with the Surgery Scheduler?

1 2 3 4 5 6 7 8 9 10

Was your colonoscopy scheduled at the date/time you requested?

Yes No N/A

How would you rate the competence of the Surgery Scheduler who helped you?

1 2 3 4 5 6 7 8 9 10

Were your questions answered to your satisfaction?

Yes No N/A

Additional Feedback

Please list any areas in which our service could be improved:

Please share any additional comments:

Personal Information

Would you like someone to contact you regarding your responses on this survey?

Yes

No

PHONE NUMBER: () _____

**Thank you for taking the time to fill out our survey.
We rely on your feedback to help us improve our services.
Your input is greatly appreciated!**