

Were your needs/expectations met?

- Yes No

Comments:

May we contact you about comments made in this survey?

- Yes No

Name:

Address:

Phone:

Email:

7) Overall Satisfaction of Visit:

- 1-Poor
- 2- Below average
- 3-Average
- 4-Good
- 5-Excellent

Comments:

Would you recommend CompuNet to a friend or relative?

- Yes No

Comments:

Feel free to note any comments, suggestions or questions below. Please provide name, phone, and/or email and we will respond to your inquiries in a timely manner.

We Value Your Opinion



PATIENT SATISFACTION SURVEY

Please take a few moments to complete our patient survey so that we may better serve you. We've provided a postage paid envelope for your convenience.

As always, if you ever have an issue that needs to be addressed or wish to compliment a member of our staff for their special care, please call CompuNet Clinical Laboratories at (937) 296-0844 and ask to speak to one of our Patient Service Center Team Leaders.

Please note:
You may also complete this survey on our website at www.compunetlab.com

Thank you for your participation!



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PATIENT SATISFACTION SURVEY

1) Courtesy/Professionalism of Staff:

If you called the Patient Service Center before your visit, did the employee answer your questions to your satisfaction?

- Yes No N/A

Comments:

2) During your Visit:

Which location did you visit?

Date of Visit: _____

Did the Phlebotomist treat you in a courteous/professional manner?

- 1-Poor
 2- Below average
 3-Average
 4-Good
 5-Excellent

Comments:

Did the staff ask for your insurance card?

- Yes No Can't recall

Comments:

Were any/all of your billing questions answered satisfactorily?

- Yes No

Comments:

3) Overall Satisfaction of Wait Time:

- 1-Poor
 2- Below Average
 3-Average
 4-Good
 5-Excellent

How long did you wait to be seen by the phlebotomist?

- 0-10 Minutes 11-20 Minutes
 21-30 Minutes 30+ Minutes

Comments:

4) Skill of Person (Phlebotomist) Collecting Specimen:

- 1-Poor
 2- Below average
 3-Average
 4-Good
 5-Excellent

Comments:

How many attempts were made to obtain your blood?

- 1 2 3 or more Can't recall

Comments:

Did the Phlebotomist wear gloves and a buttoned lab coat when performing the venipuncture?

- Yes No Can't recall

Comments:

Did the Phlebotomist identify you during specimen labeling by asking you to spell your first and last name?

- Yes No Can't recall

Comments:

5) Cleanliness of Facility:

- 1-Poor
 2- Below average
 3-Average
 4-Good
 5-Excellent

Comments:

6) Satisfaction of Visit:

Do our hours meet your needs?

- Yes No

If not, what hours would you prefer?

Were you offered a comment card at your visit?

- Yes No

(continued on back)