



Patient Satisfaction Survey - Laboratory

The physicians and staff of Northwest Physicians Associates, P.C. would like to thank you in advance for taking the time to complete this survey. Your responses are important to us and will assist us in maintaining and improving the quality of care provided to our patients.

I am completing this survey based upon my experience with the lab in:

- Meadville
 Cochran
 Lakeland
 Seneca
 Erie
 Franklin
 Linesville
 North Park Urgent Care
 Lucians

	<i>Excellent</i>	<i>Acceptable</i>	<i>Needs Improvement</i>	<i>Does Not Apply</i>
The lab was easy to find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The waiting time to be drawn was satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lab hours suit my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The lab staff was courteous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The phlebotomist was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The phlebotomist drew blood carefully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The phlebotomist was dressed professionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The overall appearance was neat and professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for my privacy was demonstrated by the phlebotomist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, my satisfaction with the lab is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Comments:

How likely are you to recommend our lab to a friend or family member?

Highly recommend _____ Recommend _____ Would not recommend _____

If there is any way we can improve our services to you, please tell us about it.

(Optional) Patient Name: _____
(please print)

Please mail your response to 1012 Water Street, Meadville Pa 16335 or you may drop off your survey in the box at the reception desk. If you have any concerns please feel free to contact Milly Keeler, BSMT (ASCP) Director of Laboratory Services, at 814-333-2022. Again, thank you for your assistance.