

Patient Satisfaction Survey

Thank you for visiting **Advance Urgent Care (24 Hour)**. Your opinion is really important to us. Can you please take a few minutes and tell us about your experience in Advanced Urgent Care?

(Scale of 1 – 5: (1) Poor, (2) fair, (3) good, (4) very good and (5) excellent)

The receptionist was professional, friendly and helpful. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
The medical staff introduced themselves. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
The medical staff was professional, friendly and helpful. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I was kept informed of what to expect throughout my visit. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
The medical staff clearly explained test results and planned treatment. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
How would you rate our facility and accommodations? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
How would you rate your overall Advanced Urgent Care experience? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Upon discharge I received clear instructions and my questions were answered. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
My medical needs were met in a timely manner. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Keeping my personal information private. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Neat and clean building. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
I would return to Advanced Urgent Care. <input type="checkbox"/> Yes <input type="checkbox"/> No
What do you like best about our Urgent Care?
What do you like least about our Urgent Care?
Suggestions/Comments:

Are you willing to provide a testimonial about the care you received at **Advanced Urgent Care 24-Hour**?
You can send us testimonial to advertise it on our website (24advancedcare.com)

- **To send the completed survey/testimonial by e-mail:** wtinawi@24advancedcare.com
- **To send the completed survey/testimonial by mail:**

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We appreciate your input. Thank you.