



PATIENT SATISFACTION SURVEY

We are committed to excellent service and performance and our goal is to meet and exceed your expectations. You are in an excellent position to evaluate the care you received at RiteCare Medical Center. Thank you for your feedback and please enter your name to win a \$50 Amazon gift card.

Name (optional): _____ Email: _____ Date: _____
Location: BRICKELL: 1250 S. Miami Ave. Miami, FL 33130 THE FALLS: 14201 S. Dixie Hwy. Miami, FL 33176

Please Circle your answer:

- | | | |
|---|-----------------|--------------------|
| 1. Are you a patient or a family member? | Patient | Family |
| 2. Is this your first visit to RiteCare Medical Center? | Yes | No |
| 2. Would you recommend RiteCare Medical Center to a relative / friend? | Yes | No |
| 4. How did you hear about RiteCare Medical Center? Please circle an option below: | | |
| Doctor Referral | Friend/Relative | Insurance Provider |
| Internet (Search engine) | Mailing Ad | Newspaper Ad |
| Street Sign | Other | _____ |

Please Rate The Following:

Please rate the following:	Excellent	Good	Fair	Poor
5. Courtesy of reception staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Courtesy of nursing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Courtesy of the treating physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Clarity of discharge instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Timeliness given of care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Your overall satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there a RiteCare Employee you would like to recognize? _____

Comments:

Please let us know if there is anything we can do to make your visit more pleasant and satisfying. If you would like someone to call you about an area of concern or to talk about your visit, please list a phone number where you can be reached.

Featured patient testimonies will be available on our website. If you wish your comments to be excluded from website please check box: **We greatly appreciate your decision to use RiteCare Medical Center for your medical needs.**

Thank you.