

- Email Address and Name of Patient: LFARROYAVE@aol.com
- Did we meet your expectations? 1 2 3 4 5
- How was your interaction with our employees? 1 2 3 4 5
- How satisfied were you with your visit? 1 2 3 4 5
- How easy was it for you to schedule an appointment for your visit?  
1 2 3 4 5
- How convenient is the office location? 1 2 3 4 5
- Overall, how would you rate the service you received from the staff at our office?  
1 2 3 4 5
- Overall, how would you rate the care you received from your provider?  
1 2 3 4 5
- How much do you trust your provider to make medical decisions that are in your best interest? 1 2 3 4 5
- How well did your provider listen to your needs? 1 2 3 4 5
- How well did your provider answer your questions? 1 2 3 4 5
- How well did your provider explain your treatment options? 1 2 3 4 5
- How well did your provider explain your follow up care? 1 2 3 4 5
- How satisfied or dissatisfied were you with the amount of time your provider spent with you addressing your needs? 1 2 3 4 5
- Is there anything we could have done to improve your visit?
- Please write your comment below: EXCELLENT!!!

Do you allow us to publish your comments on our website?

Yes  No

How did you hear about us? Please circle below

Google    Yelp    Cardiosmart website    Word of mouth    Physician referral

Pamphlet/Flyer    Other: