

Physician Name: _____

Date: _____



BRAMPTON CARDIO PULMONARY SERVICES

31 Centre Street South, Brampton, Ontario L6W 2X7
Phone: 905-455-3010 fax : 905-45533011

PHYSICIAN SATISFACTION SURVEY

Brampton Cardio Pulmonary Services takes pride in our commitment to our referring physicians and their patients. In addition to having patients complete a brief survey, we would also appreciate your feedback. Please help us as an Independent Health Facility to better meet the needs of our community by taking a few minutes to answer the following questions:

Please check each item that best describes your experience with Brampton Cardio Pulmonary Services

	Poor	Fair	Good	Excellent	n/a
a. The facility accommodates patients when test is urgent					
b. Reports are sent out in a timely manner					
c. Quality of services provided					
d.. Are you able to reach us conveniently/ by phone/ fax /email					

Overall how satisfied are you with the contacts you have had with Brampton Cardio Pulmonary Services?

a: very satisfied **b:** satisfied **c:** neutral **d:** dissatisfied **e:** very dissatisfied

Additional Feedback _____

Thank you for your help!

Please return to one of the following:

- 1. Fax: 905-455-3011**
- 2. Scan and email to www.bramptoncardio.com**

Office Use

Date received: _____ Reviewed by: _____ Action taken: _____