



Elizabeth Wende Breast Care

Breast Imaging Excellence

MAIN OFFICE: 170 Sawgrass Drive | Rochester, NY 14620

# PATIENT SATISFACTION SURVEY

All responses will be kept confidential

You may also fill this out online— only takes a few minutes  
ewbc.com select: Resources, select: Patient Satisfaction Survey

Date of appointment: \_\_\_\_\_ Scheduled time of appointment: \_\_\_\_\_

Office: Batavia Brighton Carthage Geneseo Greece Victor

Is this your first appointment at any EWBC location? Yes No

Age range: 18-30 31-40 41-50 51-60 61-70 71-80 81 and over

What prompted you to make your appointment today? Appointment scheduled at last year's visit  
Recall postcard in the mail Referring doctor Friend or relative Internet search like Google or Bing  
Newspaper, radio or TV ad Online ad Facebook

What types of appointment(s) were you scheduled for?  
Screening mammogram – waited to receive results Screening mammogram – did not wait for results  
Diagnostic – visit Bone density MRI Screening ultrasound

Please circle	<i>Excellent</i>	<i>good</i>	<i>fair</i>	<i>poor</i>	<i>not applicable</i>
<b>Was the EWBC staff friendly, knowledgeable &amp; helpful?</b>					
<i>Front desk/reception</i>	4	3	2	1	NA
<i>Technologist (performed mammogram)</i>	4	3	2	1	NA
<i>Medical Assistant ( gave results)</i>	4	3	2	1	NA
<i>Sonographer (performed ultrasound)</i>	4	3	2	1	NA
<i>Were you able to make an appointment quickly and easily?</i>	4	3	2	1	NA
<i>Were you greeted with a smile?</i>	4	3	2	1	NA
<i>Upon arrival, was the registration quick &amp; efficient?</i>	4	3	2	1	NA
<i>How thoroughly was your procedure explained to you?</i>	4	3	2	1	NA
<i>Do you feel your exam was performed professionally?</i>	4	3	2	1	NA
<i>If you met with a physician, was she/he polite &amp; informative?</i>	4	3	2	1	NA
<i>How would you rate the comfort and cleanliness of our facility?</i>	4	3	2	1	NA
<i>Overall, how would you rate the quality of care you received?</i>	4	3	2	1	NA
<i>How would you rate your total visit time?</i>	4	3	2	1	NA

**Almost done! Turn over for a couple more questions**

Would you recommend EWBC to family and friends? Yes No Not sure

What do you like **BEST** about Elizabeth Wende Breast Care?

What do you like **LEAST** about Elizabeth Wende Breast Care? Please give suggestions for improvement:

If you would like to talk to an EWBC PATIENT ADVOCATE regarding survey or comments about EWBC, please call 585-442-2190, ext 207.

**ONLY** if you prefer an advocate to call you, please leave your name and phone number here:

FIRST NAME \_\_\_\_\_

Phone \_\_\_\_\_

***Thank you for taking the time to fill out this survey.***

*Our goal is to provide comfort, convenience and satisfaction with the best medical care to all our patients.*

*We would like to know how you feel about the services we provide so we can make sure we are meeting your needs.*

*Your responses are directly responsible for improving our services.*