



TRI-CITY CARDIOLOGY

Leaders in Cardiovascular Excellence ...Where Patients Come First

REFERRING PROVIDER SURVEY

Tri-City physicians, management and staff are committed to providing very good service to our patients and referring physicians. We have worked very hard to improve our service to you and to your patients, particularly in those areas related to our telephones, referral processes, timeliness of reports and interaction with our physicians. Please rate the services you received after referring your patient(s) to us. With your feedback we can get better at serving you and your patients.

INSTRUCTIONS: Please rate the services you received from our practice. Select the response that best describes your experience. Space is provided for you to comment on the positive or negative things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ABOUT YOU

1. Please indicate who is completing this survey:
- Physician
 - NP/PA/MA Referral
 - Coordinator
 - Office Manager
 - Other (please specify:)

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of scheduling your patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Friendliness/Courtesy of the staff on the phone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Timeliness of our feedback.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Quality of our referral process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Overall rating of care we delivered to your patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Overall rating of service we delivered to you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Likelihood of referring patients to us in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments (describe positive or negative experience): _____

What is the primary reason that you refer your patients to Tri-City Cardiology?

How could we improve our service?

Would you like a follow-up phone call or a visit to your office?

- CEO, Call or visit
- M.D., Call or visit

Would you like to visit one of our offices?

- 1520 S. Dobson Road Ste. 209, Mesa, AZ 85202
- 3530 S. Val Vista Drive Ste. 103, Gilbert AZ 85297
- 8765 E. Bell Road Ste. 110, Scottsdale, AZ 85260
- 6750 E. Baywood Avenue Ste. 301, Mesa, AZ 85206
- 36543 N. Gantzel Road Bldg. 15 Ste. 101, San Tan Valley AZ 85140

Tri-City Cardiology Consultants
ATTN: Marketing
6402 E. Superstition Springs Blvd., Ste 224
Mesa, AZ 85206

PLACE
STAMP
HERE
