

## Post Visit Satisfaction Survey

Date/Time of Use:

Facility/City Name:

eCare Specialty Clinic Physician/Nurse:

1. Please rate your overall experience with eCare Specialty Clinic.

Poor    0    1    2    3    4    5    Excellent

2. Please rate the professionalism and ease of working with the eCare Specialty Clinic staff.

Poor    0    1    2    3    4    5    Excellent

3. How likely will you use eCare Specialty Clinic service again?

Unlikely    0    1    2    3    4    5    Very Likely

4. Describe any technical difficulties that occurred.

5. Is there anything we can improve upon?

6. What was helpful for you?

We value your feedback and will use it to measure how we met expectations in delivering Avel's mission and values. Please return the completed survey via fax to 605-606-0611.