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## Avel eCare Hospitalist Satisfaction Survey

Date/Time of Use:

Facility/City Name:

Poor    1       2       3       4       5       Excellent

1. Overall experience with Avel eCare Hospitalist?
2. Professionalism of Avel eCare Hospitalist?
3. How likely are you to use Avel eCare Hospitalist service again?
4. What was helpful to you?
5. Describe any technical difficulties that occurred.
6. Is there anything we can improve on?
7. Did the utilization of Avel eCare Hospitalist service prevent the transfer of a patient?

Thank you! Please fax back to (605) 679-6884 or email [hospitalist@avelecare.com](mailto:hospitalist@avelecare.com)