

Note: you may also email this form to: Heather@CenterForEndo.com

CENTER FOR ENDOMETRIOSIS CARE
Perimeter Town Center
1140 Hammond Drive | Bldg. F, Ste. 6220
Atlanta, GA 30328

PATIENT EVALUATION

Please give us your impressions of how we did. Your responses will be treated as confidential and are intended to enable us to better serve our future patients. Thank you!

YOUR NAME: _____ DATE: _____

Circle each appropriate answer and return this form to the CEC. Thank you for your help!

Completeness of Pre-Op Information:	Does not apply	Poor	Fair	Good	Great
Atlanta accommodations:	Does not apply	Poor	Fair	Good	Great
Muriel Frank, Surgical Care Coordinator:	Does not apply	Poor	Fair	Good	Great
Jean Williams, Finance/Insurance:	Does not apply	Poor	Fair	Good	Great
Northside Surgery & Recovery Staff:	Does not apply	Poor	Fair	Good	Great
CEC follow-up (as applicable):	Does not apply	Poor	Fair	Good	Great
Heather Guidone, Program Director:	Does not apply	Poor	Fair	Good	Great
Dr. Robert Albee, Founder:	Does not apply	Poor	Fair	Good	Great
Dr. Ken Sinervo, Medical Director:	Does not apply	Poor	Fair	Good	Great
Wendy Winer, RN, BSN, CNOR:	Does not apply	Poor	Fair	Good	Great
CEC Office & Nursing Staff:	Does not apply	Poor	Fair	Good	Great

Comments (*if any*): _____
