

Male Partner

FREEDOM OF CHOICE
OB/GYN SERVICES OF WESTERN NY

We are dedicated to meeting the needs of our patients. Your opinions let us know what we are doing well and where we need to improve. Please share your comments with us below. Your comments and suggestions will help us improve our service to you and others.

If you would like to be contacted about your compliment or concern, please include your daytime phone number. (SES) _____ Thank you.

HOW DID YOU HEAR ABOUT US? partner

WERE YOU PLEASE WITH THE SERVICES WE HAVE PROVIDED TO YOU? YES NO
(CIRCLE ONE)

If NO, please explain: _____

WOULD YOU RECOMMEND OUR SERVICES TO A FRIEND: YES NO
(CIRCLE ONE)

If NO, please explain: _____

WOULD YOU HAVE PREFERRED TO MEET WITH THE PROVIDER BEFORE BEING DIRECTED TO ONE OF OUR EXAM ROOMS? YES NO
(CIRCLE ONE)

If NO, please explain: _____

WAS YOUR PROVIDER SENSITIVE TO YOUR NEEDS? YES NO
(CIRCLE ONE)

If NO, please explain: _____

ADDITIONAL COMMENTS: staff were very personal and supportive throughout entire process. Karen and Cheryl were both informative - sensitive and compassionate to both of us. They made a difficult choice and

08 situation more comfortable for both of us. They were not just medical professionals but caring human added a element

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to the equation also.
Thank you