

Parent Response

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. () - . Thank you.

HOW DID YOU HEAR ABOUT US? internet

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: NA

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

If NO, please explain: _____

ADDITIONAL COMMENTS: As a parent, it is wonderful to know my child was safe emotionally & physically. All of the staff were sensitive & caring, making a difficult situation better.

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Thank you all very much for
your dedication and concern.

After visiting a different
provider in the area, even
making an appointment was
not easy for my daughter. With
all the help and support of
your office, everything went
extremely smooth, because all
of you know what to do and do
it well. I hope you are all
very proud - you should be!

You have my eternal gratitude.

Mom