



We really want your feedback!

To which of the following services have you referred Clients / Patients (please check **all** that apply)?

- Neurology / Neurosurgery
- Internal Medicine (including Oncology / Cardiology)
- Surgery (Orthopedic / Soft Tissue / Minimally Invasive)
- Emergency / Critical Care (ECC)

How do you decide upon which specialty practice to refer a Client / Patient (please check **the single** most important factor for you)?

- | | |
|---|--|
| <input type="checkbox"/> Personally know Specialist | <input type="checkbox"/> "One Medicine" (multi-specialty) Approach |
| <input type="checkbox"/> Location | <input type="checkbox"/> Quality of Care |
| <input type="checkbox"/> Cost of Services | <input type="checkbox"/> Procedures Available |
| <input type="checkbox"/> Experience of Specialist | <input type="checkbox"/> Other: _____ |

What do you appreciate and value the most about our Hospital, Doctors and the services that they provide?

What can we do to improve the referral experience for you and your Clients / Patients?

How likely would you be to recommend us to a Client / Colleague (please circle your choice, with 10 being best)?

1	2	3	4	5	6	7	8	9	10
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Referring Doctor's Name (Optional): _____

Referring Facility's Name (Optional): _____

Please return to:

Shelley Martin, Referral Relations
Mail: 2700 Lake Vista Drive, Lewisville, TX 75067
Email: smartin@cvsecVET.com
FAX: 972.820.7018

Thank you for helping us serve you better!

If you wish to discuss a specific issue,
please call Shelley directly at 214.458.1685.