



CENTRAL FLORIDA LOCATION
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Laboratory Services Beyond All Your Expectations

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CUSTOMER SATISFACTION SURVEY

We would like to thank you for using Mid-Florida pathology services. To insure our clients absolute satisfaction, we would like to ask you to complete the following customer satisfaction survey. Please evaluate your satisfaction using a 1-5 scale 5 being completely satisfied and 1 being completely unsatisfied.

Practice name: _____

Person completing the survey: _____ **Title:** _____

Contact person Phone: _____ **Fax:** _____

<i>Categories evaluated</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
Turnaround time of report					
Quality of report					
Staff skill and knowledge					
Customer service					
Interaction with pathologist					
Overall experience					

Comments: