



MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.



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We Care... Tell us what you think!

Please send this form to:
Middlesex Cardiology Associates
Middletown Professional Park
520 Saybrook Road, Suite N100
Middletown, CT 06457-9609
or Fax to: 860-638-3697

Michele Colwell, PA-C
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Simone Howe, PA-C
Kimberly Hudson, PA-C
Christeen McArdle, M.M.S., PA-C
Jean-Anne McCracken, PA-C

Name (optional): _____ Date: _____

1. My appointment was scheduled as a:
- Nuclear Stress Test
 - Office Visit
 - Echocardiogram
 - Stress Echocardiogram
 - Other: _____

In: Middletown Old Saybrook East Hampton

2. I received instructions/information about my test that I could understand: Yes___ No___
3. The staff treated me with courtesy and respect: Yes___ No___
4. The staff explained any delays in service Yes___ No___
5. The staff prepared me for possible side effects or discomforts related to my care: Yes___ No___
6. My overall impression of the services I received was:
 Excellent___ Very Good___ Good___ Fair___ Poor___

Comments or Suggestions: _____