



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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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: \_\_\_\_\_