




PIKES PEAK CARDIOLOGY, LLP				
1400 E. Boulder, Suite 700 Colorado Springs, CO 80909 719-635-7172				
Name Richard K. Health		Date Issued 11/29/2005	ID # 10000346	
Address 1234 First St., Los Angeles, CA 95628		Date of Birth 12/11/1938		
Home Phone 805.456.6310	Emergency Phone 805.456.6330	Medical Insurance Medicare	Reading H.R. 65	Reading B.P. 138/95
Primary Care Physician Mark G. Smith, M.D.	Phone 202.222.2020	Cardiologist Samuel G. Heart, M.D.	Phone 805.456.8711	
MEDICAL HISTORY				
Heart Attack: 11/1981, 7/1985. CABG: 11/1981 LIMA to LAD, 7/1989 SVG(1) to PDA, 7/1989 RIMA to OM-1. PTCA WISTENT: 8/1996 LAD Mid, 1/1997 RCA Mid. Valve Replacement: 6/1992 Mech Valve. Risk Factors: Hypertension, Diabetes. Allergies: Suffs.				
 <b>Pocket EKG</b> A MEDICAL IDENTIFICATION SYSTEM				

6/16/2011

[Barcode]  
Richard K. Health  
1234 First St.  
Los Angeles, CA 95628

Dear Mr. Health:

Enclosed is your Pocket EKG Card that is provided as a result of your recent visit to Pikes Peak Cardiology, LLP. Please check all the information on the card front to see that it is correct. If you have any questions, please call us at 1-800-589-4949.

Physicians agree that the Pocket EKG Card will benefit you by:

- Enhancing proper diagnosis of your cardiac condition in the event of an emergency.
- Assisting in rapid and accurate medical treatment.
- Reducing the incidence of unnecessary hospitalization.

This card should be kept in your wallet and with you at all times.

In order to provide you with the best possible cardiac care, it is important to complete the survey included in this envelope. These survey questions pertain to the quality of services delivered at Pikes Peak Cardiology, LLP.

Please respond to all the questions that pertain to you and return the survey in the self-addressed envelope. Postage has been prepaid for your convenience.

Thank you for allowing us to serve you, and we hope that the Pocket EKG gives you confidence and peace of mind.

Sincerely,  
Pikes Peak Cardiology

David I. Greenberg  
MD, FACC

Ronald D. Blonder  
DO, FACC

Ted E. Eastburn  
MD, FACC

David J. Schwartz  
MD, FACC

James M. Glass  
MD, FACC, PhD

Joseph R. Lee  
MD, FACC

David A. Rosenbaum  
MD, FACC

Nita G. Harris  
MD, FACC

Mary R. Olsovsky  
MD, FACC

Jonathan A. Sherman  
MD, FACC

Chris Y. Kim  
MD, FACC

Kimberly L. Dulaney  
MD, FACC

Russell A. Linsky  
MD

Brad J. Mikaelian  
MD

Jorge Davalos  
MD

Nancy Lundy  
MSN, ANP-C

Brandon Smith  
PA-C

Mary Kuwana  
ACNP-BC



# PATIENT SATISFACTION SURVEY

In order to continue providing you with the most efficient and comprehensive cardiac care available, please complete this survey and return it in the enclosed envelope. Cardiovascular Specialists will use this feedback to monitor and improve the quality of their service.

**Directions**  
Please use a dark pen or pencil: Mark circles like this  and mark only one.

Race or ethnic group:

- Black       White       Hispanic       Asian       Mixed       Other

Is this your first visit to this doctor?     Yes       No

If you checked "No", how many years have you been a patient of this doctor?

- < 1       1       2       3       4       5 or More

How did you choose this doctor?

- Primary Doctor       Insurance Plan       Another Patient       Advertising (TV, Etc.)  
 Emergency Room Doctor       Friend       Phone Book

How many days did you wait from the time you made the appointment to visiting this doctor?

- < 1       1-3       4-7       8-14       15-21       22-28       > 28

How many minutes did the doctor spend with you?

- < 10       10-19       20-29       30-39       40-49       50-59       > 60

How many minutes did you wait in the reception area?

- < 10       10-19       20-29       30-39       40-49       50-59       > 60

How many minutes did you wait in the exam room?

- < 10       10-19       20-29       30-39       40-49       50-59       > 60





*Using the scale provided, please rate the following items based on your most recent visit.*

Excellent	Very Good	Good	Fair	Poor	Don't Know	Not Applicable
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Returning my phone calls promptly. -----

Getting test results promptly. -----

Courtesy of reception staff. -----

Knowledge of nursing staff. -----

Concern of nursing staff. -----

Doctor listening to what I say. -----

Doctor's explanation about my treatment. -----

Doctor treating me with care and respect. -----

Doctor's competency to treat me. -----

Overall evaluation of care from this doctor. -----

Getting the care I need. -----

Being able to do the things I want. -----

How would I characterize my health. -----

Would you return to this doctor? -----  Yes  No

Would you recommend this doctor to a family member? -----  Yes  No

Does the Pocket EKG Card reassure you in this doctor's commitment to cardiac health? ----  Yes  No

Are you interested in free information on a heart healthy lifestyle? -----  Yes  No

Comments:

