MIDDLESEX CARDIOLOGY ASSOCIATES, P.C.

Keshava H. Aithal, MD, FACC, FACP
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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

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:_____
_____