



**2 6 8 - 9 8 9 8**

**WE LOVE TO HEAR FROM OUR CUSTOMERS**

We appreciate you choosing **FIRST\*CARE AMBULANCE** as your preferred medical transportation provider.

**SIMPLY COMPLETE THIS SURVEY AND FAX IT TO US.**

Have you used the services of **FIRST\*CARE AMBULANCE** in the last month YES \_\_\_ NO \_\_\_

Please rate your **First\*Care** experience.

**Very  
Poor**

**Very  
Good**

- |  |   |   |   |   |   |   |
|--|---|---|---|---|---|---|
| 1. Professionalism of employees  | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Friendliness of employees   | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Appearance of employees   | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Cleanliness of vehicle  | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Overall quality of medical services                                   | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. On time performance   | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. When you call First Care are you treated promptly and professionally? | 1 | 2 | 3 | 4 | 5 | 6 |

8. Would you recommend First Care to a Friend/Family Member/Facility Yes \_\_\_ No \_\_\_

9. What services do you use most often: Critical Care Advance Life Support Basic Life Support Medivan

Suggestions/Comments about your experience/ Special Needs and or requests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Our management routinely reviews this feedback and uses it to improve our operations.**

**Would you like to have someone from First Care management contact you? YES \_\_\_ NO \_\_\_**

**Please tell us your name and a contact number with the best time to call or call us at 268-9898.** (You do not need to give your name when calling).

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Best time to call: \_\_\_\_\_ Facility: \_\_\_\_\_

**Please fax this to First\*Care Administration  
(630) 851-1430**