



**Thank you for Choosing
LeRoy Emergency Ambulance Service, Inc.**

303 S. East St., Le Roy, IL 61752

Phone: (309) 962-6114

Fax: (309) 962-5054

Date of Service: _____ Time of Service: _____

Calling Facility: _____

1= Poor 2= Fair 3= Average 4=Above Average 5= Excellent

Scheduling Process:

- Was the Process easy to get an ambulance to your facility? _____
- Was the Dispatcher courteous and timely in providing service needed? _____
- Were the services delivered in a timely manner? _____
- How long did you have to wait for an ambulance? _____

Please rank the medical staff that cared for your patient:

- Were they courteous to the patient, family, and staff? _____
- Were they knowledgeable? _____
- Were they professional? _____
- Did they offer compassion to the patient and family? _____
- Did the crews introduce themselves? _____

Contact/ Follow up:

Would you like a follow up on this transfer? _____

Who should we contact (Optional)? _____

Best way to contact you: _____

Email Address: _____

Suggestions/Comments:

Please Fax Completed
Evaluation to
(309) 962-5054

All Surveys are confidential and are used for the sole purpose of improving our services, patient care, and staff.