



Lafayette General Endoscopy Center

We need to know how our patients are doing the day following their procedures here at the Center. Since most patients do well and return to work or other daily activities the following day, we frequently have trouble reaching them by telephone.

Please fill out the following information the day after your procedure and send it back to us in the self-addressed, stamped envelope.

CHECK ONE OF THE FOLLOWING:

- I had no problems following my procedure

- I had a problem after my procedure. Please explain the type of problem:

If you had a problem, what did you do?

- Called the physician's office
 - Went to the hospital
 - Other: _____
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THANK YOU FOR RETURNING THIS CARD

We appreciate your choice of Lafayette General Endoscopy Center for your procedure.

NAME OF PATIENT: _____ DATE OF PROCEDURE: _____