

NICU Transport Follow-Up Survey

NICU

Date: _____

Facility: _____

Your opinion is important to us.

Please take a minute to evaluate the services provided by the Miller Children's Hospital NICU transport staff:

Service was prompt: Yes or No

If no, please provide explanation:

Service was courteous: Yes or No

If no, please provide explanation:

Please indicate education we might provide for your medical staff:

Please indicate education we might provide for your nursing staff:

Additional comments:

Thank you for taking the time to complete the survey. Please feel free to call the contact below should you desire further follow-up on an issue or concern.

Please fax completed survey to:

Ching C. Tay, RN, MSN
MCH NICU Transport Coordinator
Fax: 562-933-8140
Telephone: 562-933-8100

Neonatal Intensive Care Unit

2801 Atlantic Avenue, Long Beach, CA 90806
NICU (562) 933-8100 Fax (562) 933-8140

Miller Children's Hospital

MEMORIALCARE MEDICAL CENTERS

