Montclair Breast Center

Expertise · Experience · Compassion

POST BIOPSY

PATIENT SATISFACTION SURVEY

Name (optional): _____ **Date:** _____

1. Was the procedure explained to you in detail?

2. Did you experience significant pain or discomfort during the procedure?
   If so, was the staff attentive to your pain?

3. Do you feel that you received your results in a timely fashion?

4. Was the biopsy experience what you expected?

5. What more can we do to improve the biopsy experience?

37 North Fullerton Ave., Montclair, NJ 07042 973.509.1818 / 973.509.0532 fax **www.montclairbreastcenter.com**