



Pegasus Medical has always been committed to providing its customers with a high quality service. In order that we further improve our standards of service we would ask you to take just a few minutes of your time and fill out the questionnaire below.

Please post/fax or email the questionnaire back to us.

| DOCTORS DETAILS                                 |                                |      |         |      |        |
|---|--------------------------------|------|---------|------|--------|
| Name  |                                |      |         |      |        |
| Address   |                                |      |         |      |        |
| Addiess   |                                |      |         |      |        |
| T-1   |                                |      |         |      |        |
| Tel   | GP locum work required?        |      |         |      |        |
| Mobile  | OOHs work required?            |      |         |      |        |
| Email   | Medical legal work required?   |      |         |      |        |
| Computer system used                            | Hospital/Prison work required? |      |         |      |        |
| CUSTOMER SERVICE CALL CENTRE                    | V.GOOD                         | GOOD | AVERAGE | POOR | V.POOR |
| Speed of telephone response when placing a call |                                |      |         |      |        |
| Attitude of Staff                               |                                |      |         |      |        |
| Helpfulness of staff                            |                                |      |         |      |        |
| Feed back regarding locum details               |                                |      |         |      |        |
| Overall impression of the service               |                                |      |         |      |        |
| ADMINISTRATION                                  | V.GOOD                         | GOOD | AVERAGE | POOR | V.POOR |
| Efficiency of administration staff              |                                |      |         |      |        |
| Ease of understanding timesheets                |                                |      |         |      |        |
| Ease of understanding wage statements           |                                |      |         |      |        |
| Accessibility of appropriate staff              |                                |      |         |      |        |
| Well received by GP practice staff              |                                |      |         |      |        |
| Are Consulting rooms prepared for you           |                                |      |         |      |        |
| Are practice procedures explained to you        |                                |      |         |      |        |
| WEBSITE (www.pegasus-medical.com)               | V.GOOD                         | GOOD | AVERAGE | POOR | V.POOR |
| Appearance                                      |                                |      |         |      |        |
| Speed   |                                |      |         |      |        |
| Information provided                            |                                |      |         |      |        |
| Quick links function                            |                                |      |         |      |        |
| Quick registration facility                     |                                |      |         |      |        |
| Are there any other services required?          |                                |      |         |      |        |
|   |                                |      |         |      |        |
|   |                                |      |         |      |        |



Registered office: