Northern Litho
INCORPORATED
LITHOTRIPSY SERVICE

Patient Questionnaire

Northern Litho Inc. was happy to provide your lithotripsy service today. If you have any comments, please complete this questionnaire and return it to our administrative office. ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

Treatment Type: Lithotripsy (Kidney) or Orthopedic (Heel)

Date of Treatment:_____/_____/_____

Patient's Name (Optional):_____
(Last) (First) (Initial)

Where you satisfied with your care provided by our staff? Yes No

If you answered no, what do you suggest to make our care better?_____
_____
_____
_____
_____
_____

Additional Comments:
_____
_____
_____
_____
_____
_____

Thank you,

Northern Litho Inc.
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