



Your assistance in completing this survey will further our Center's efforts to provide the highest level of efficient, personalized care. We would sincerely appreciate your taking a few moments to express your opinions of the care you received. Please complete and return the survey. We thank you for helping us make our Center the success it is.

Please circle the appropriate response:

- 1. Was the staff member pleasant and helpful when you scheduled your surgery? Yes No NA
Comments _____
- 2. Were you seen at your scheduled appointment time? Yes No NA
If not, how long did you wait? _____
Comments _____
- 3. Was your physician understanding, patient, and caring? Yes No NA
Comments _____
- 4. Was your condition and/or surgery adequately explained to you? Yes No NA
Comments _____
- 5. Were the nurses understanding, patient, and caring? Yes No NA
Comments _____
- 6. Were the business transactions conducted in a satisfactory manner? Yes No NA
Comments _____
- 7. Were the following areas clean and comfortable? Yes No NA
-reception area Yes No NA
-recovery room Yes No NA
-restrooms Yes No NA
Comments _____
- 8. Were the instructions you received for your care at home satisfactory? Yes No NA
Comments _____
- 9. Were you called by your physician the evening of your surgery? Yes No NA
Comments _____
- 10. Would you recommend our services without hesitation? Yes No NA
Comments _____
- 11. May we have permission to use your initials and comments on our website? Yes No

General comments _____

_____ Date

_____ Patient Name