



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

General comments _____

_____ Date

_____ Patient Name