

# Ocean Surgery Center

# Patient Satisfaction Survey

Date of Procedure (optional): \_\_\_\_\_

Surgeon: \_\_\_\_\_

We are pleased that you chose our center for your recent procedure. Our goal is to provide high quality care for you and your family. Please help us achieve that goal by filling out this survey. We are available to answer any questions you may have regarding your experience at our center.

**Please check the appropriate box.**

	Highly Agree	Somewhat Agree	Agree	Disagree	Somewhat Disagree	Highly Disagree
Pre-surgery visit or phone instructions were clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing and insurance information was clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration process was prompt and efficient, and registration staff was courteous and helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A clear explanation was provided regarding my anesthesia care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurses and staff were helpful and sensitive to my individual needs and concerns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After my procedure, it was evident that the staff was concerned for my comfort and care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A clear explanation of discharge instructions was provided for me and my escort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facility was clean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with dignity and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had trust and confidence in the physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, would you recommend this surgery center to a friend or a relative?  YES  NO

How did you hear about us? \_\_\_\_\_

Please share your comments \_\_\_\_\_

Name (optional) \_\_\_\_\_

Date \_\_\_\_\_