

At Precision SurgiCenter, we value the opinion of our patients. Please take the time to fill out this survey so that we can continue to improve our services and our customer experience.

Name _____

Email Address _____ Date of Service _____

Please rate the following statements on a scale of 1-5, 5 being agree and 1 being disagree.

Admin Staff/ Front Desk 5 4 3 2 1 N/A
The receptionist was friendly & helpful.

The office was clean and comfortable

Nursing Staff 5 4 3 2 1 N/A
The nurses conducted themselves in a professional manner.

The nurses were concerned for my comfort, care and privacy.

My nurses adequately explained what I should expect during my stay

I received instructions on how to manage my pain.

My discharge instructions were explained and were easy to understand.

Anesthesia (answer if applicable) 5 4 3 2 1 N/A
The Anesthesiologist answered all my questions to my satisfaction.

Surgeon 5 4 3 2 1 N/A
My surgeon explained what to expect during my stay

My surgeon spent enough time with me to answer all my questions.

General 5 4 3 2 1 N/A
My overall wait time was reasonable.

I signed a copy of the Patient's "Bill of Rights" before the procedure YES NO

I received a follow-up call from the surgery center YES NO

I would refer my friends and relatives to this office YES NO

May we share your comments with others? YES NO

During your visit, did you see anything that you feel would cause you or anyone else a risk to injury or safety?

Any additional comments? _____