

Dear Patient,

It is our objective at Pacific Endo-Surgical Center to provide patients with the highest quality care available, incorporating personnel trained in surgery and state of the art technology and equipment.

Although your stay with us was brief, your comments on the level of care received are of great importance. Opinions and suggestions obtained from this questionnaire will assist us in meeting the needs of patients in the future.

We realize that no visit to a surgery center can be described as pleasant, but it is our hope that your experience was comfortable, free of stress and handled in a thoroughly professional and efficient manner by our staff.

Please take a few minutes to answer the questions listed. To return this form, simply fold, seal and drop in any mailbox. The postage has been paid.

Thank you, and on behalf of everyone at Pacific Endo-Surgical Center, we wish you a complete and speedy recovery.

Jeanette Driskill, RN
Administrator

Please check YES if you agree with the statement, NO if you disagree.

BEFORE SURGERY / PROCEDURE

1. The receptionist / office staff was polite and helpful.
 Yes No
2. Financial arrangements were clearly Explained to you by our staff.
 Yes No
3. After your paperwork was completed, you were admitted by a nurse in:
 Less then 30 minutes
 30 minutes to 1 hour
 More than 1 hour
4. You received adequate instructions about the preparation for your surgery or procedure.
 Yes No

AFTER SURGERY / PROCEDURE

1. The nurses assigned to your care were courteous and attentive to your needs.
 Yes No

2. You received adequate and easy to understand discharge instructions.
 Yes No
3. A follow-up call was made to your house and your questions were answered appropriately.
 Yes No
4. Is there an area of patient education that you were in need of, but did not receive from us?
 Yes (list) _____
 No

OVERALL

1. Please rate Pacific Endo-Surgical Center.
 Excellent Good
 Fair Poor
If not excellent, please explain why:

2. I would recommend Pacific Endo-Surgical Center to my family and friends.
 Yes No

ADDITIONAL COMMENTS

YOUR OPINION COUNTS!

Name _____

(Optional)

Would you like a call from us?

Phone Number _____