

Sports Medicine Center Day Surgery Patient Survey

(month) _____ 2011

Lawrence W. Snow, MD
Julie Downs, Manager

We value the opinions of our patients and are always looking for opportunities to improve the quality of care for our patients. We would appreciate you taking a moment of your time to complete the following survey about your visit.

1 Staff prompt, courteous, and caring
respectful of your privacy Excellent Average Below Average

2 Communication clear and language
understandable. Excellent Average Below Average

3 Knowledge of medical staff Excellent Average Below Average

4 Billing handled appropriately Excellent Average Below Average

5 Wait time Excellent Average Below Average

6 Did you have to call or see your physician before your post-operative phone call and scheduled visit?

Yes _____

No _____

7 Would you have surgery in our facility again if you need surgery in the future?

Yes _____

No _____

8 Would you recommend us to other people who need surgery?

Yes _____

No _____

Additional Comments: _____

Physician providing your care _____

Patient Name (optional) _____