

DOCTORS' SAME DAY SURGERY CENTER
4633 WICHERS DR., SUITE 200
MARRERO, LA 70072
504-328-0000 / FAX: 504-328-9101

PATIENT SATISFACTION SURVEY

Dear Patient:

We, the staff of Doctors' Same Day Surgery Center would like to thank you for choosing us to provide your outpatient surgical care. We are committed to continually improving our services. Please take a few moments to honor us with your comments and complete the questionnaire. If at any time during your interaction with Doctors' Same Day Surgery Center your care needs were not fulfilled, please call the above number and either our Nursing Administrator or Business Manager will be pleased to speak with you to provide follow-up in order to resolve any issues that you may have.

Comments: _____

Using the scale, please circle your answer to questions 1-7 below.		Displeased = 1 / Somewhat Pleased = 2 / Pleased = 3 / More Pleased = 4 / Most Pleased = 5				
1.	Did you find the facility clean and comfortable?	1	2	3	4	5
2.	Did you feel that your waiting time was excessive in any area?	1	2	3	4	5
3.	Did the Business Office Staff (receptionist, financial coordinator) treat you courteously and take enough time with you?	1	2	3	4	5
4.	When you received a pre-admission phone call, did the caller adequately prepare you or your family member for the procedure? Were all of your questions answered and sufficient time taken with you?	1	2	3	4	5
5.	On the day of the procedure, did the nursing staff acknowledge your needs: explain procedures before they were performed, and provide a comfortable caring atmosphere?	1	2	3	4	5
6.	On the day of the procedure, did the anesthesia staff acknowledge your needs, explain procedures before they were performed?	1	2	3	4	5
7.	Was every effort made to maintain your privacy?	1	2	3	4	5

Please circle the answers to questions 8-11 below:

8. Have you been a patient at Doctors' Same Day Surgery Center before?
 Yes No
9. How did you hear about us?
 Doctor Friend Other: _____
10. Should you need an outpatient procedure in the future, would you return to Doctors' Same Day Surgery Center?
 Yes No
11. Would you refer a friend or relative to us?
 Yes No No Opinion

Suggestions:

Signature (optional)

Date of Procedure

Surgeon