

ENT Surgery Center of Atlanta LLC

5673 Peachtree Dunwoody Road, Suite 945 • Atlanta, GA 30342

PATIENT SATISFACTION SURVEY

(circle appropriate answer)

Post Procedure Survey

Date: _____

1. You had a(n) _____ today.
2. Have you ever had this procedure in a hospital? Yes No
3. If the answer to #2 is YES, which setting did you prefer? **Hospital** **Surgery Center**
4. Do you feel that you were given adequate pre-operative instructions? Yes No
5. Who explained the procedure to you (circle all that apply):
Physician **Nurse** **Printed Material** **No One**

Comments: _____

6. Were the nursing staff courteous? Yes No

Comments: _____

7. Was the physician courteous? Yes No

Comments: _____

8. Did you feel the Center's staff was competent? Yes No

Comments: _____

9. Did you feel that you were given adequate post-procedure instructions? Yes No

Comments: _____

10. Were the payment procedures explained to you? Yes No

Comments: _____

11. If you ever need another procedure like this, would you come back to the Surgery Center at ENT Surgery Center of Atlanta, LLC? Yes No

Please explain why or why not: _____

Name (optional): _____