

### PATIENT SATISFACTION SURVEY

Please Check Boxes	Excellent	Good	Average	Needs to Improve
1. In general, how do you rate our facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Our personnel: Were they courteous, knowledgeable and quick to respond to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please rate the treatment area and accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were things clean and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were your financial arrangements satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. How do you rate the waiting time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the waiting area clean and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Information regarding post-operative care was clearly reviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you return to the center?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
10. Would you recommend the center to others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

General Comments and Suggestions: \_\_\_\_\_

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<p><b>By completing and returning this questionnaire, your name will be entered into a raffle to win a \$100 Gift Certificate of your choice.</b></p> <p>If you wish to speak to someone regarding your care, please call (631) 231-4949.</p>	<p>Thank you for your assistance. You may turn in this questionnaire at discharge, mail it to the address above, or <b>fax it to: 631-951-2022.</b></p> <p><b>Name:</b> _____</p> <p><b>Phone:</b> _____</p>
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