



Thank you for choosing Premier Surgery Center. We strive to provide the utmost in patient care. Your response is greatly appreciated.

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. How was our Admitting service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Our Medical Staff: Were they courteous, knowledgeable and quick to respond to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Please rate the treatment area and accommodations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Housekeeping and maintenance: Were things clean and in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were your business transactions satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How do you rate the waiting time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the waiting areas clean and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How well were you prepared for discharge home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments and Suggestions: _____

Thank you for your assistance. You may turn in this questionnaire at discharge or mail it postage free.