

**PSI SURGERY CENTER LLC PATIENT**



**SATISFACTION SURVEY**

We hope your experience with PSI Surgery continue to provide excellent care to our your time to complete our questionnaire. Please place it in the box located by the check-out window. Thank you.

Center LLC was satisfactory. To help us patients, we would appreciate a moment of

Procedure: \_\_\_\_\_ Surgeon: \_\_\_\_\_

YES NO N/A 1. Were you treated with courtesy and professionalism at our facility?

YES NO N/A 2. Were efforts made to maintain your privacy?

YES NO N/A 3. Was the facility clean and orderly?

YES NO N/A 4. Were you satisfied with your pre-op care?

YES NO N/A 5. Was the information provided by anesthesia understandable?

YES NO N/A 6. Were you able to ask anesthesia all of your questions?

YES NO N/A 7. Were you satisfied with your anesthesia care?

YES NO N/A 8. Were you satisfied with your pain management?

YES NO N/A 9. Were you satisfied with treatment of your nausea after surgery?

YES NO N/A 10. Were you satisfied with the recovery room care?

YES NO N/A 11. Were discharge instructions for your post-op care clearly explained?

YES NO N/A 12. Did the staff satisfactorily answer any questions you may have asked?

YES NO N/A 13. Would you recommend the anesthesia team to others?

YES NO N/A 14. Would you recommend PSI Surgery Center LLC to your friends and family?

If you answered "NO" to any of the above questions, please elaborate your answer:

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\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions or recommendations:

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\_\_\_\_\_  
\_\_\_\_\_

Name (optional) \_\_\_\_\_