

Thank you. . . For Choosing Coast Surgery Center

Date of Surgery: _____

Your Procedure(s): _____
(Optional)

Your opinion makes all the difference to us. We care what you think. We want your experience to be the best it can be. We think that means the friendliest, most responsive staff providing personal, professional service. But, what do you think? Won't you please take a few minutes and let us know what you liked (or didn't like) about our services. Any comments would be greatly appreciated. Thank you for your assistance.

| | Yes | No |
|---|-----|----|
| 1. The Receptionist/secretarial staff were polite and helpful? | | |
| 2. Was financial responsibility for your operation made clear? | | |
| 3. Did you receive adequate pre-op instructions regarding your surgery or procedure from your Doctor's office or Coast Surgery pre-op call? | | |
| 4. The nurses assigned to your care were courteous and attentive to your needs? | | |
| 5. You received adequate and easy to understand discharge instructions? | | |
| 6. Was your privacy provided for and respected? | | |
| 7. Did you feel you were cared for efficiently and competently? | | |

OVERALL: Please rate Coast Surgery Center

Excellent

Good

Fair

Poor

Comments: Please use the space below to provide us with suggestions that you fell would help improve the care we provide.

Thank You
The Staff at Coast Surgery Center

You Name - (Optional)