

# Center for Outpatient Surgery

15141 E. Whittier Blvd., Suite # 130, Whittier, CA 90603  
(562) 945-2832

## Patient Survey

Our facility is committed to delivering the highest quality of care to you. We want you to know that we are continually looking for better ways to serve your needs. You can help us by answering the following questions.

Please grade the areas below using the scale provided. Place a "X" in the appropriate box.	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE	POOR
Reception staff					
Pre-Op nursing staff					
Procedure/ Surgery room staff					
Post-Op nursing staff					
Your privacy was maintained.					
Overall Professionalism					
Your surgeon discussed the procedure to your satisfaction.					
You received sufficient information to prepare you for your visit.					
Any questions and/or concerns regarding your procedure were answered.					
You and your caregiver were given adequate instructions for follow-up care at home.					
Cleanliness of the facility.					

**Is there one thing we could have done to make your time with us better, or an area that needs improvement?**

\_\_\_\_\_

**Comments:**

\_\_\_\_\_

Thank you for your help.

Date of Procedure: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

Phone # (       ) \_\_\_\_\_