Dear Patient:

Please rate our performance by checking the response that best describes your evaluation. Feel free to add comments. Upon completion, please return to us. Thank you for your input and feedback.

ADMITTING / REGISTRATION	Excellent	Good	Poor	Very Poo
1. Professional and courteous service of office staff				
2. Speed and efficiency of registration		·		
3. Satisfactory answers to financial and insurance questions	s			
NURSING				
4. Professional and courteous service of nurses				
5. Nurses introducing themselves and keeping you informed	i			
6. Nurses explaining procedures				
7. Satisfactory answers to questions				
8. Written instructions for your home care				
OVERALL				
9. Staff giving you the privacy you needed				
10.Cleanliness and comfort of the surgery center				
11. Likelihood that you would return or recommend The Surgery Center to others				
12. OVERALL , rating of your experience at the Surgery Center				
Additional Comments:				
Date of Procedure:	T	reating Doctor:		
Optional Information:				
Name:				
Phone #:				

Place Stamp Here

CENTER FOR OUTPATIENT SURGERY

15141 EAST WHITTIER BLVD., SUITE-130 WHITTIER, CA 90603