

**WINDHAVEN SURGERY CENTER**

Dear Patient:

Your feelings about the services that you received at our Surgery Center are important to us. Please help us better serve you by filling out this brief questionnaire. Thank You.

	VERY GOOD	GOOD	POOR	VERY POOR
<b>ADMITTING/REGISTRATION</b>				
1. Was the office staff professional and courteous?	_____	_____	_____	_____
2. Was the packet with information provided before your procedure understandable?	_____	_____	_____	_____
3. Was the check-in process speedy and efficient?	_____	_____	_____	_____
4. Were all your financial or insurance questions answered to your satisfaction?	_____	_____	_____	_____
<b>NURSING DEPARTMENT</b>				
1. Was your nurse professional and courteous?	_____	_____	_____	_____
2. Did the nurses introduce themselves?	_____	_____	_____	_____
3. Were you given the privacy you needed?	_____	_____	_____	_____
4. Were procedures/tests explained to you before they were done?	_____	_____	_____	_____
5. Were all your questions answered to your satisfaction?	_____	_____	_____	_____
6. Was the Surgery Center clean and comfortable?	_____	_____	_____	_____
7. Did you feel that your pain level was handled adequately?	_____	_____	_____	_____
8. Was access to the Center easy?	_____	_____	_____	_____
9. Do you feel confident and have trust in your Physician?	_____	_____	_____	_____
<b>OVERALL</b> , how would rate your experience at the Surgery Center?	_____	_____	_____	_____

Additional Comments:

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

Please mail form to: Windhaven Surgery Center 6160 Windhaven Parkway, Suite 220, Plano, TX 75093