

## Patient Survey

*Thank you for choosing MidAmerica Surgery Center. We hope you had a pleasant experience with us. We are interested in your comments so that we can continually improve our service for you and other patients. We ask that you take a minute to complete the following questions and return this form via mail or on your next visit. Thank you.*

1. Were you greeted appropriately and in a friendly manner at the front desk?  
 Excellent    Very Good    Good    Fair    Poor
2. Did you receive a clear and complete explanation of your procedure?  
 Excellent    Very Good    Good    Fair    Poor
3. Was the information and instructions given to you prior to your procedure ...  
 Excellent    Very Good    Good    Fair    Poor
4. Was the response to concerns/complaints made during your visit ...  
 Excellent    Very Good    Good    Fair    Poor
5. Did you receive a clear and complete explanation of your post operative instructions?  
 Excellent    Very Good    Good    Fair    Poor
6. Did the staff communicate effectively with your family before, during and after your procedure?  
 Excellent    Very Good    Good    Fair    Poor
7. Was the protection of confidentiality and personal privacy ...  
 Excellent    Very Good    Good    Fair    Poor
8. Were the instructions given to you upon discharge ...  
 Excellent    Very Good    Good    Fair    Poor
9. Is there something we could have done to make your visit more comfortable?  
 Yes    No \_\_\_\_\_
10. Would you recommend MidAmerica Surgery Center to a friend?  
 Yes    No
11. Please list any comment, suggestions, or employees who provided exceptional service.  
\_\_\_\_\_  
\_\_\_\_\_

**Type of procedure you had:**       Cataract       Laser       Retina       Other

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

Name (Optional) \_\_\_\_\_

Doctor's name (Optional) \_\_\_\_\_