

☐ 2809 W. Charleston Blvd. Suite #100
Las Vegas, NV. 89102

Phone: (702) 476-1800
Fax: (702) 476-9500

☐ 1569 E. Flamingo Rd.
Las Vegas, NV. 89119

PATIENT SURVEY

This form is made available for you to give feedback on your experience with this surgery center during your recent procedure. This form is completely anonymous if desired. Please help us serve you better by submitting your comments.

PLEASE MAIL THIS FORM ONLY!

Name: _____ Date of Procedure: _____

Please answer the following questions to help us evaluate our services. Your experience with us is the best measure of how we are doing.

Patient Satisfaction Survey	Excellent 5	Very Good 4	Good 3	Fair 2	Poor 1	Not Applicable (N/A)
1. Was your pre-op call from the surgery center staff thorough, timely and courteous?						
2. Were you greeted in a courteous, respectful and professional manner by the registration/reception staff at the surgery center?						
3. I received adequate information about financial agreements?						
4. Do you feel your patient confidentiality was maintained at the front desk during admission?						
5. Was the surgery center pre-operative/admitting nursing staff helpful, courteous and addressed any questions you had?						
6. Did the operating room nurses and staff greet you in a caring and courteous manner?						
7. Were the surgery center recovery room nurses courteous and professional?						
8. Do you feel you received clear and complete explanation provided about your procedure.						
9. Was the surgery center environment clean and comfortable?						
10. I was given clear discharge instructions verbally and in writing?						
11. Did you understand how to manage your pain at home, and did you experience adequate pain relief prior to discharge?						
12. Was the waiting time for your procedure appropriate?						
13. Overall, were you pleased with your experience?						
14. Would you recommend Nevada Surgical Suites to a friend or relative?						
15. Any notable Staff? Name:						

Suggestions and Comments:
