



810 Plaza Blvd, Suite 101
Lancaster, PA 17601
Telephone: 717-431-2368
Fax: 717-431-2540

IT WOULD HELP US TO KNOW!

Physician _____

PLEASE CHECK YES OR NO

Date of Procedure _____

Were you treated in a courteous, pleasant and professional manner?

- By the business office staff Yes No
- By the nursing staff Yes No
- On the telephone Yes No

Was your procedure fully explained to you by your physician? Yes No

Did the pre-op call or your admission nurse inform you of what to expect during your visit? Yes No

Did you receive adequate information about your financial responsibilities? Yes No

Were the lighting, temperature and general surroundings comfortable to you? Yes No

Was the separation from your family/friends explained to you? Yes No

Were written instructions given to and reviewed with you and/or your caregiver before leaving the facility? Yes No

If given the choice, would you choose to come to this facility again? Yes No
If not, why? _____

How would you rate your overall experience?

- Excellent Good Fair Poor

How could we have improved your experience the day of surgery? _____

Please list two suggestions for how we can improve: _____

Would you like someone to contact you? If so, please provide us with your name and contact phone number. _____

Thank you in advance for your cooperation