

THE SURGERY CENTER AT CEDAR LAKE

1720 B Medical Park Drive, Biloxi, Mississippi 39532

Phone 228.702.2000 Fax 228.314.2539

Our entire staff would like to know how you feel about the services and care provided during your recent visit to our facility. Your opinions are extremely valuable to us in our efforts to maintain and improve the quality of care we deliver. Your responses will be kept confidential and anonymous, unless you choose to indicate otherwise. You are welcome to contact our Administrator by phone, 228.314.2555, at your convenience.

Optional:

Patient Name: _____ **Physician:** _____ **Date of Service:** _____

HOW WOULD YOU RATE:	Excellent	Good	Fair	Poor	N/A	
The overall appearance, comfort, and cleanliness of our Facility.						
The quality of the written and oral communication given before your procedure, (i.e. prep instructions, time of arrival phone calls, etc.)						
The treatment you received in our Business Office / Reception area.						
The care you received in our Pre-Op/Admitting area.						
The care you received in our Operating Room/Procedure Room.						
The treatment you received from our Anesthesia providers.						
The care you received in our Recovery / Discharge area.						
The quality of the written and oral communication given at the time of discharge.						
Our responsiveness to your questions and/or concerns during your visit.						
Our treatment of your family and/or friends while at our Surgery Center.						
Our efforts to ensure and maintain your privacy.						
If you or your family have the need for additional surgery, would you choose our Surgery Center again?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Did you observe your doctor or nurse using hand sanitizer or washing their hands while providing your care?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Person Completing Survey:	<input type="checkbox"/>	Patient	<input type="checkbox"/>	Driver	<input type="checkbox"/>	Both

Please list any exceptional staff members: _____

Please use the space below for specific comments regarding any individual or aspect of your care. Additionally, order that we may better address the issue. _____

THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!