

Patient Survey

Please help us continue to provide the best patient care by telling us about your recent experience. We ask you to complete this survey and return it to us at your earliest convenience. Thank you.

	Excellent	Good	Needs Improvement
1. Admitting / Registration	_	_	<u>.</u>
Professional and courteous service			
Speed and efficiency of registration			
Satisfactory answers to questions			
2. Nurses			
Professional and courteous service			
Introduced themselves & kept you informed			
Satisfactory answers to questions			
Written instructions for home care			
3. Overall			
Staff gave you privacy			
Cleanliness and comfort of center			
Likelihood you would return/recommend us			
Overall, your experience was			
4. Additional comments you would like to make:			

5. Name (optional):

Please return to: Physicians Adventist Surgery Center, 1500 E. Chevy Chase Drive, Suite 101, Glendale, CA 91206