



**\*Return with name to be entered into the quarterly drawing for a \$25 gift card\***

Thank you for choosing Wooster Ambulatory Surgery Center for your recent procedure. We strive to provide the highest quality care for all of our patients. Please take a moment to let us know what we do well and what we could improve.... Thank you!!

Date of surgery: \_\_\_\_\_ Physician: \_\_\_\_\_ Name (optional): \_\_\_\_\_

Question	Poor	Below Average	Average	Above Average	Excellent
1. How would you rate our staff?					
2. How would you rate the atmosphere of the Center?					
3. How easily understood and timely was the call you received explaining your financial responsibility?					
4. You should have received a phone call to review your medical history and pre-op instructions with our staff. How effective was this?					
5. How would you rate your comfort and safety while at the center?					
6. How was your privacy protected?					
7. Please rate your understanding of your discharge instructions.					

What could we have done to make your stay with us more comfortable?

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Was there any of our staff who exceeded your expectations?

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**Thank you for your time.....**

**THANK YOU FOR TAKING THE TIME TO GIVE US YOUR COMMENTS—THIS CAN HELP US BETTER SERVE OTHERS IN THE FUTURE. IF YOU HAVE CONCERNS OR COMMENTS THAT YOU FEEL WE NEED TO HEAR PLEASE CALL US AT 330-804-2000 TO SPEAK WITH THE ADMINISTRATOR—VICTORIA CAILLET, RN.**

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**Place  
Stamp  
Here**

**Wooster Ambulatory Surgery Center  
3373 Commerce Parkway, Suite 1  
Wooster, OH 44691**