

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?
 |  |  |  |  |  |
| 1. How would you rate the atmosphere of the Center?
 |  |  |  |  |  |
| 1. How easily understood and timely was the call you received explaining your financial responsibility?
 |  |  |  |  |  |
| 1. You should have received a phone call to review your medical history and pre-op instructions with our staff. How effective was this?
 |  |  |  |  |  |
| 1. How would you rate your comfort and safety while at the center?
 |  |  |  |  |  |
| 1. How was your privacy protected?
 |  |  |  |  |  |
| 1. Please rate your understanding of your discharge instructions.
 |  |  |  |  |  |

##

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

Were there any of our staff who exceeded your expectations?

## 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.

Place Stamp Here

Wooster Ambulatory Surgery Center 3373 Commerce Parkway, Suite 1

Wooster, OH 44691