

How Are We Doing?



We are committed to providing you with the highest quality health care. When you have a moment, please complete this survey regarding the timeliness and quality of service you have received. We welcome your feedback and your answers will be kept confidential. Thank you for your participation. We look forward to receiving your response.

General Patient Information

Date of Procedure: _____ **Procedure Received:** _____

(Office staff to fill in)

ASC Location:

Frederick Prince Frederick Waldorf

Surgeon:

Dr. Chirag Sanghvi Dr. Jay Gonchigar Dr. Sina Davari Dr. Aaron McPeck

Prior to Procedure Day:

Excellent Good Average Fair Poor N/A

I was given adequate information about the procedure and all my questions were answered adequately.

I received a pre-op call with received adequate instructions and all my questions were answered to my satisfaction

My financial requirements were discussed prior to my procedure

Arrival

Excellent Good Average Fair Poor N/A

Demeanor and friendliness of Check-In Staff

Time spent in waiting room

Cleanliness of center

Pre-Op Staff

Excellent Good Average Fair Poor N/A

Demeanor and friendliness of Pre-Op Staff

All instructions were explained and any questions answered

Time spent in pre-op room

Surgeon

Excellent Good Average Fair Poor N/A

Demeanor and friendliness of surgeon

Before surgery, surgeon explained the procedure and answered any questions I had

After surgery, surgeon provided me with any follow-up needed and answered any questions I had

Anesthesia

Excellent Good Average Fair Poor N/A

Demeanor and friendliness of Anesthesia provider

Provider spent adequate time reviewing the process and answering any questions I had

Recovery

	Excellent	Good	Average	Fair	Poor	N/A
Demeanor and friendliness of staff in recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge instructions were explained and questions answered adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional

	Excellent	Good	Average	Fair	Poor	N/A
My privacy was always protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the follow up call, I felt the staff was concerned about my progress and comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall impression of the Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Name (Optional): _____

Please check here if you consent for your comments to be used on our website or social media.
(only first name will be used if you have provided your name)

Thank you for taking the time to fill out our survey. Your input is greatly appreciated.