

# 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. Majid Ghauri

### 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:**


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**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.**