

# BETHESDA CHEVY CHASE

SURGERY CENTER LLC

6931 Arlington Road, Suite E

Bethesda, MD 20814

301-968-3184 phone 301-968-3191 fax

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## PATIENT SATISFACTION SURVEY

Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

1. Do you feel your patient confidentiality was maintained at the front desk upon admission?  
 Yes  
 No
2. Do you feel that you received a satisfactory explanation of your financial responsibility?  
 Yes  
 No
3. How long did you wait past your appointment time?  
 Did not wait  
 1 – 15 minutes  
 15 – 30 minutes  
 Over 30 minutes
4. If you waited past your appointment time, were you informed of any delays?  
 Yes  
 No  
 N/A
5. Do you feel you received clear and complete explanation of your procedure by the anesthesiologist and your surgeon?  
 Yes  
 No
6. Was the nursing staff responsive to you and your family's needs?  
 Yes  
 No
7. Did you experience adequate pain relief prior to discharge?  
 Yes  
 No
8. Do you feel that you received clear and complete explanation regarding how to care for your condition at home, and what signs and symptoms to watch for?  
 Yes  
 No
9. Would you recommend the Surgery center to family or friends?  
 Yes  
 No
10. How do you rate your overall experience?  
 Excellent  
 Good  
 Fair  
 Poor

Please give us any suggestions as to how your visit to the surgery center could have been better.

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