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## PATIENT SATISFACTION SURVEY

Customer service is very important to us. We sincerely hope your experience at the Rancho Mirage Surgery Center was exceptional. Your feedback is very vital to our Center. It will tell us where we are strong and where we have the opportunity to improve. We would appreciate your taking a few minutes of your time to help us by completing this brief survey. All responses are completely confidential. Please mail back to us within 10 days.

What was the date of your surgery/procedure? \_\_\_\_\_

Who was your physician? \_\_\_\_\_

How would you rate the following?	Excellent	Very Good	Good	Fair	Poor
Please rate the pre-op instructions/directions.					
Please rate the admission process.					
Please rate your privacy and confidentiality					
How would you rate the cleanliness of the Center?					
How was your experience in the recovery room and Discharge process?					
What is the likelihood of you recommending Rancho Mirage Surgery Center to family and Friends?					
Please rate the overall experience & quality of service You received from the staff.					
How was the physician's personal manner (courtesy, Respect,sensitivity and friendliness)?					

Comments/Suggestions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you need additional space please use the back of the form.

Would you like us to contact you? Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Thank You for your responses**

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