

# PATIENT SATISFACTION SURVEY

Your assistance in completing this survey will further our Center's efforts to provide the highest level of efficient, personalized care. We would sincerely appreciate your taking a few moments to express your opinions of the care you received. Please complete and return the form below. You may also email it to [tams@truemd.com](mailto:tams@truemd.com). We thank you for helping us make our Center the success it is.

Please check the appropriate answer:

1. Was the receptionist pleasant and helpful during the admission process?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

2. Was your surgery adequately explained to you?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

3. Was your physician understanding, patient and caring?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

4. Were the nurses understanding, patient and caring?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

5. Were the business transactions conducted in a satisfactory manner?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

6. Were the facility areas clean and comfortable?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

7. Were the discharge instructions you received for your care at home satisfactory?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

8. Would you recommend our services to other people without hesitation?

Poor  Average  Good  Excellent

Comment: \_\_\_\_\_

9. How did you hear about us?

Friend  Relative  Doctor  Other \_\_\_\_\_

Newspaper: Which one? \_\_\_\_\_  Magazine: Which one? \_\_\_\_\_

Internet: Which site? \_\_\_\_\_  Radio: Channel? \_\_\_\_\_  TV: Channel? \_\_\_\_\_

10. Comments/ Testimonies

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What procedure, if any, did you have performed by Dr. True? \_\_\_\_\_

May we use your comment / testimonies on our website and/or other advertisements? Yes \_\_\_ No \_\_\_

Email address: \_\_\_\_\_ Would you like to receive our newsletter? Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_