

Month of Service _____

Patient Name _____

Telephone # _____

Surgeon _____

Omaha Surgical Center - Patient Satisfaction Survey

Please respond to this survey 10 to 21 days after procedure. Thank you!

	<u>Fair</u>	<u>Good</u>	<u>Excellent</u>
Surgeon's explanation of procedure	1	2	3
Call from OSC nurse before procedure	1	2	3
Management of patient's time	1	2	3
Facility personnel	1	2	3
Understanding of home-care instructions	1	2	3
Facility & Environment: Clean and Comfortable	1	2	3

Please describe any unexpected problems resulting from procedure.

Hospital or Emergency Room visit resulting from procedure? Yes No

Please share your comments & suggestions for improvement with us!
