



QUESTIONNAIRE

Here at the Dental SurgiCenter of Louisville, we are committed to providing you with the best possible care. We are interested in knowing what you think about our services. You can help us evaluate our performance by completing this brief (5 minute) survey regarding your visit.

Thank you for taking the time to share your experience with us.

Date of Procedure: _____ Appointment Time: _____

Name (optional): _____

	Very Poor	Poor	Fair	Good	Very Good	N/A
1. Ease of contacting the surgery center by phone						
2. The ease of check-in process						
3. The comfort and cleanliness of the surgery center						
4. Clear and sufficient instructions on what to do and what to expect before your procedure						
5. Information about delays						
6. The courtesy and caring of your physician						
7. The courtesy and caring of your nursing and support staff						
8. Cheerfulness of our practice						
9. How well did staff protect your safety?						
10. Usefulness of the information provided about what was done during your procedure						
11. Clear and sufficient instructions on what to do and what to expect after your procedure						
12. Overall, how would you rate the teamwork among the doctor, nurses, and other staff?						
13. Overall, how satisfied were you with the procedure experience?						
14. Likelihood of staff greeting you with a smile?						
15. Ease of obtaining your test results						

Was this your first visit as a patient at our facility? Yes No

Likelihood of you recommending this facility to others Yes No

Please add any comments you may have regarding your experience today: