

# STERLING SURGICAL CENTER, LLC

303 Sterling Drive  
Orchard Park, NY 14127

Phone: 716-712-0600

Fax: 716-712-0601

## PATIENT SATISFACTION SURVEY

We realize you have a choice about where you have your medical care provided and would like to know how you feel about the services we provide. Your responses will be kept confidential and anonymous, but will help us strive to provide quality, timely, safe care to you and all our patients. Thank you for your time.

Please indicate how well we are doing in the following areas:	Great 5	Good 4	OK 3	Fair 2	Poor 1	N/A
<b>Registration/Scheduling</b>						
Ease of scheduling your procedure						
Helpfulness of the staff during registration						
Satisfaction and ease of registration						
<b>Nursing</b>						
The pre-procedure interview properly prepared you for your procedure.						
Staff was courteous, knowledgeable, and responsive						
Discharge instructions were given and questions answered to allow you to care for yourself at home						
Your pain was controlled adequately						
<b>Physician/MD</b>						
The physician and office explained your procedure and our center before the procedure						
Anesthesia provider explained what to expect						
The physician provide ample information following your procedure and answered your questions						
<b>Facility</b>						
Ease of finding the facility						
Comfort and safety while here						
Privacy						
Response to concerns						
Cleanliness						
<b>Payment/Billing</b>						
Charges were explained to your satisfaction						
Collection of payment was appropriate						

Date of procedure: \_\_\_\_\_ Would you return to our facility:  Yes  No

Would you recommend our facility to others?  Yes  No

Suggestions for improvement? \_\_\_\_\_

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Thank you for completing our Survey!

Please mail back to the address above, or by fax to 716-712-0601.