



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.

Please indicate how well we are doing in the following areas:	Great 5	Good 4	OK 3	Fair 2	Poor 1
<b>Registration/Scheduling</b>					
Greeted in a prompt and friendly manner					
Helpfulness of the staff during registration					
Satisfaction and ease of registration					
<b>Nursing</b>					
The phone assessment properly prepared you for your procedure.					
Staff was courteous, knowledgeable, and responsive					
Discharge instructions were given and clearly explained					
Your pain was controlled adequately					
Staff kept you informed during every phase of your visit					
<b>Physician/MD</b>					
Procedure was explained in a way that was easy to understand					
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 questions/ concerns					
Cleanliness throughout the center					
<b>Payment/Billing</b>					
Charges were explained to your satisfaction					
Collection of payment was appropriate					

Would you return to our facility:  Yes  No

Would you recommend our facility to others?  Yes  No

Please elaborate on any answers you gave above and/or add additional comments that you'd like us to consider for corrective action or pass on to staff member's \_\_\_\_\_

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Thank you for completing our Survey!  
Please mail back to us using the enclosed stamped, self-addressed envelope.