## **DISC PATIENT SATISFACTION SURVEY**



E-mail: \_\_

	r Patient,	
proce staff. expe	behalf of the staff at DISC Surgery Center at Newport Beach, thank you for choosing our facility cedure. Please take a few minutes to share your experience, your feedback and suggestions are high f. Our goal is to make each experience pleasant with excellent care, surpassing you expectations. erience by circling the most appropriate response.	ghly valued by our
Today's Date:/ Surgery Date:/ Surgeon:		
Nam	ne: (optional)	
1	MY EXPERIENCE AT DISC SURGERY CENTER AT NEWPORT BEACH	
1	The nursing care met my expectations?	YES / NO
2	The care provided by my surgeon met my expectations?	YES / NO
3	The care provided by my anesthesiologist met my expectations?	YES / NO
4	The care provided met my specific needs?	YES / NO
5	I understand or observed the healthcare personnel were using a hand cleaner or washing their hands?	YES / NO
6	The Surgery Center staff addressed my needs appropriately?	YES / NO
7	I felt safe and comfortable?	YES / NO
8	I would recommend this surgery center to others?	YES / NO
9	I would return to this surgery center if needed?	YES / NO
10	During my stay at the surgical center, my pain was addressed by the physicians and nurses?	YES / NO
11	Please circle your overall experience at the surgery center below.	_
_	POOR FAIR GOOD EXCELLENT INCREDIBLE	
12	Are there any suggestions to improve patient care or the overall experience	YES / NO
If ye	res, please explain:	
	Thank you. If you have further questions, please contact our administrator at (310) 574-04	444.
Will you give DISC permission to use your name and a quote in our professional/ consumer communications?		YES / NO
If ye	es, please give us a few sentences that best describe your experience at DISC (Please print & sign na	ame below)
Nam	me: Signature:	

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