

# PATIENT SATISFACTION SURVEY

## OVERLAND PARK EYE SURGERY CENTER

The Overland Park Eye Surgery Center is dedicated to providing quality eye care to our patients. We are interested in your thoughts about the care you received today. Please help us continue to improve our services by taking a few moments to complete this questionnaire. You may return it to the office during your next scheduled visit or mail in the stamped envelope.

**SURGEON:** \_\_\_\_\_

**DATE OF SURGERY:** \_\_\_\_\_

### SURGICAL RECEPTION AREA AND ADMISSION:

- |    |  |     |    |
|----|--|-----|----|
| 1. | Was the preoperative phone call reassuring?                                  | Yes | No |
| 2. | Were you greeted in a prompt and friendly manner when you arrived?           | Yes | No |
| 3. | Did the reception desk appear well organized?                                | Yes | No |
| 4. | When you checked in, were the forms you were asked to sign explained to you? | Yes | No |
| 5. | Is our reception area comfortable and attractive?                            | Yes | No |
| 6. | Were you comfortable with the amount of time you waited?                     | Yes | No |
| 7. | Were you taken to the Operating Room in a reasonable time?                   | Yes | No |
| 8. | How may we improve our reception area?                                       |     |    |

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### SURGERY:

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| 1. | Did the staff introduce themselves to you?             | Yes | No |
| 2. | Did you feel well taken care of in the Surgery Center? | Yes | No |

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(over)

3. Did you understand things as they were happening? Yes No
4. Were your questions answered to your satisfaction? Yes No
5. Did you feel comfortable in this environment? Yes No
6. Is there anything we can do to improve the surgical experience?
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**DISMISSAL:**

1. Did you understand all of your post-operative instructions? Yes No
2. Were your questions answered to your satisfaction? Yes No
3. Is there anything we can do to improve the dismissal process?
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**GENERAL:**

**Please rate your overall satisfaction as a patient at the Overland Park Eye Surgery Center.**

**€ EXCELLENT    € GOOD    € FAIR    € POOR**

**Thank you very much for taking the time to complete this questionnaire. We value your responses at the Overland Park Eye Surgery Center.**

**Signature (optional)** \_\_\_\_\_