

# Surgery Patient Satisfaction Survey

Please complete all information and mark your answers.



## Surgery Information

Surgery Date:  Surgeon:  Bramwell  Badger  Boyer  Lorimer

Name (optional):

Yes, you may use my comments on your website for marketing purposes only (first name only to maintain privacy).

## Survey Questions

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. <b>Scheduling</b> my surgery was easy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. <b>Financial arrangements</b> were clearly discussed with me before my surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My <b>pre-surgery appointment</b> was thorough and prepared me for surgery.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Upon arrival, I was checked in and prepared for my surgery in a <b>timely manner</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Written <b>discharge instructions</b> were provided and questions were answered with me and my caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I felt my <b>privacy</b> was maintained during my visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I was satisfied with the care provided by my <b>anesthesiologist</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I was satisfied with my <b>surgeon</b> and felt he adequately explained my surgery to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I had a good <b>overall experience</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. What did you like best about our practice? _____					

Please return this survey during your Post-Surgery visit. You can give it to our receptionist or place it in the anonymous drop box is located next to our main front door.

You can also mail it to us at:  
Washington Institute Orthopedic Center  
12707 - 120th Avenue NE • Suite 203  
Kirkland, WA 98034

You can also fax or email it to us.  
Fax: 425-821-9362  
Email: sca@orthowashington.com

Thank you!