## **Tri-City Surgery Patient Survey**

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We want to thank you for giving us the opportunity to care for you. It is important to us to understand how our care impacted you and your guests. Please take a few minutes to fill out the following survey tell us the reason you are not satisfied. This will help us to improve our service at the center.

Circle the type of procedure:

Orthopedics	General Surgery	EGD and/or Colonoscopy	Pain Management	Dental						
Registration:										
Was the	Υe	s or	No							
Is the c	Ye	es or	No							
	vhy?									
Was the	Ye	s or	No							
Were y	gress? Ye	s or	No							
Before Surgery:										
Was th	elpful? Ye	s or	No							
Were	Were all of your questions answered satisfactorily?									
Pre-Op:										
Was th	Ye	s or	No							
Was the pre-op staff courteous, helpful and friendly?					No					
Was tl	Was the wait time excessively long before your surgery?									
Operating Room	n:									
Did the	ur procedure? Ye	s or	No							
Was th	Ye	s or	No							
Recovery/Disch	arge:									
Were yo	Were your questions answered to your satisfaction?									
Were th	Were the instructions about your procedure and follow-up care helpful?									
Was the	Was the staff in this area courteous, helpful and friendly?									
Was the	Ye	s or	No							
Facility:										
Overall,	Overall, was your experience with the Surgery Center positive?									
Did you	Did you find the center to be nice and clean?									
Would	ou use Tri-City again or	recommend our facility to others	? Ye	s or	No					

What aspect of your experience were you most satisfied with (circle your choice)

A. Staff at the center

B. The quality of care you received

C. Professionalism of the Doctors

Please use the back of this sheet to explain why you were dissatisfied so we can improve our service.