



Laurel Ridge Surgical Associates
Patient Satisfaction Survey

Please rate the following using the scale provided
Simply circle the number/answer that best applies
Please return your completed survey to the box in the waiting room
Thank you for your cooperation! This survey helps our practice better serve you!

Office Setting:

1. Your perception of your surgeon in the following areas:

- Time Spent with you
- Explanation regarding recommended plan of care
- Personal Manner
- Thoroughness

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

2. Your Perception of office operations in the following areas:

- Access to the office via telephone
- Wait time to get an appointment
- Time spent in the waiting room
- Responsiveness

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

3. Your perception of the staff's personal manner:

- Appointment Schedulers
- Front Desk Receptionists
- Clinical Staff
- Medical Records
- Surgery Schedulers
- Billing specialists
- Management

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

Hospital Setting:

1. Your perception of your surgeon in the hospital setting:

- Treated me with courtesy and respect
- Communicated regularly and as needed
- Listened Carefully
- Explained things in a way I could understand

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

General:

- 1. Have you visited our website at www.laurelridgesurgical.com? Yes No
 - 2. If yes, did you find it helpful? Yes No
 - 3. How did you hear about Laurel Ridge Surgical? Insurance Physician Friend Yellow Pages Internet
- Other: _____

Name: (Optional) _____ Date: _____