

Capitola Surgery Center  
2265 41<sup>st</sup> Avenue  
Capitola, CA 95010  
(831) 462-12262

**PATIENT SATISFACTION SURVEY**

**Dear Patient,**

Capitola Surgery Center would appreciate your participation in its patient satisfaction study. Your response is important in helping us to ensure that you receive the high quality of care that you expect. Your responses will remain confidential and the information will only be used internally to help improve our services. **Completion of the survey will make you eligible for a \$75 gift certificate to a fine restaurant (See bottom of the page).**

**Please complete all questions that apply to you or your child. If a question does not apply, please leave it blank. Thank you for your time and help.**

1. If you received a pre-operative telephone call from the nurse, how would you rate the personal manner (courtesy, respect, sensitivity, friendliness) of the person with whom you spoke?

**Excellent          Very Good          Good          Fair          Poor**

2. If you received a pre-operative telephone call from the anesthesiologist, how would you rate the personal manner (courtesy, respect, sensitivity, friendliness) of the person with whom you spoke?

**Excellent          Very Good          Good          Fair          Poor**

3. How would you rate the business office staff in answering your billing and insurance question?

**Excellent          Very Good          Good          Fair          Poor**

4. How would you rate the personal manner (courtesy, respect, sensitivity, friendliness, privacy, comfort) of the nursing staff, receptionist and office staff?

**Excellent          Very Good          Good          Fair          Poor**

5. How would you rate the helpfulness of the written and verbal post-operative instruction?

**Excellent          Very Good          Good          Fair          Poor**

6. How would you rate the appearance and cleanliness of the outpatient surgery facility?

**Excellent          Very Good          Good          Fair          Poor**

**Capitola Surgery Center  
Dinner Drawing**

Completed questionnaires postmarked by **July 11, 2013** will be eligible for the prize. The drawing will be held on **July 15, 2013**, and the winner will be notified of the results.

**We appreciate the time you've taken to complete the survey.**

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Apt. \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

