MIAMI VALLEY AMBULATORY SURGERY CENTER

1010 Woodman Drive, Suite 100
Dayton, OH 45432
937-252-5500

PAIN PROCEDURE SATISFACTORY SURVEY

We would like to thank you for choosing us for your pain needs. We hope your visit with us was a pleasant experience. In order to help serve all our patients more efficiently, we ask that you take a minute to complete this questionaire. Your opinion is very important to us.

About you:

1 Was this your first pain procedure with us?	YES	NO		
2 What range does your age fit into?	Under 25	25-50	50-75	75-100
3 How did you hear about our facility?	Physician	Relative	Friend	Advertisement

Please rate the following by checking the box. Please feel free to explain any item on back of survey.

About your Care Received:

	Very Satisfied	Satisfied	Unsatisfied	Very Dissatisfied
1 The courtesy shown to you by all our staff.	☐	☐	☐	☐
2 The explanations of pain procedures, including risks and complications prior to arriving for your procedure.	☐	☐	☐	☐
3 Comfort level during procedure.	☐	☐	☐	☐
4 Your waiting time in waiting room.	☐	☐	☐	☐
5 Your waiting time in recovery room.	☐	☐	☐	☐
6 Your pre-op reminder call.	☐	☐	☐	☐
7 Your post-op call. (if applicable)	☐	☐	☐	☐

(Note: This only applies to the longer procedures)

ABOUT OUR FACILITY:	Very Satisfied	Satisfied	Unsatisfied	Very Dissatisfied
1 Ease of parking	☐	☐	☐	☐
2 Courtesy of our receptionist	☐	☐	☐	☐
3 The cleanliness of our facility	☐	☐	☐	☐
4 Location and ease of finding our facility	☐	☐	☐	☐
5 The billing procedure	☐	☐	☐	☐

Is there any way we can improve? Please explain.. _____

_____

_____

Date of Procedure: _____ Physician Name: _____

Name (optional) _____ Will you be returning? YES NO

Thank you for taking the time to complete our survey. We value your opinion.