Physicians of Monmouth, L.L.C.
733 North Beers Street, Holmdel, NJ 07733
(732) 739-0707

Please return on THURSDAY Thank You

PATIENT SATISFACTION SURVEY

Please fill out and RETURN the day of your POST-OP APPOINTMENT, so that we can be assured of quality patient care in our facility.

1. Date of Surgery: _____ Procedure: _____
2. Was procedure discussed to your satisfaction? YES ____ NO ____
3. Were pre-op instructions clear? YES ____ NO ____
4. Were post-op instructions clear? YES ____ NO ____
5. Did you have a long wait? YES ____ NO ____
6. Did you find the atmosphere friendly and comfortable? YES ____ NO ____
7. Did you have any problems since your discharge? YES ____ NO ____

   Explain_____
8. What was the most positive part of your experience? _____

   _____
9. What was the most negative part of your experience? _____

   _____
10. Please rate us as a whole:
    - Excellent ____
    - Good ____
    - Fair ____
    - Poor ____
11. Would you have out patient surgery again? YES ____ NO ____
12. Did you receive a Post-Op phone call? YES ____ NO ____

    Additional Comments: _____

    _____

    _____

    _____

    Name: _____

Thank you for helping us. We appreciate your time, effort and comments. if you have any questions or problems, do not hesitate to call.

3/07 RS