

Rivertown Surgery Center
822 Farrar Drive
Conway, South Carolina 29526
(843) 347-9587

Dear Patient,

We appreciate you allowing us to care for you during your recent visit to our Ambulatory Surgical Center. You are most qualified to evaluate our services. We are interested in your opinions and suggestions. Please take time to complete and return this survey to us within 15 days. Feel free to include any comments you may have. Thank you for your time in providing this important information.

Date of Surgery: _____ Surgeon: _____

Name (OPTIONAL): _____

Please rate the following statements according to:

[1] Strongly Disagree [2] Disagree [3] Agree [4] Strongly Agree

- | | | | | |
|---|-----|-----|-----|-----|
| • The receptionist at the check-in desk was polite and caring. | [1] | [2] | [3] | [4] |
| • The reception/waiting area was clean and comfortable. | [1] | [2] | [3] | [4] |
| • The nurses were skilled in the treatment they provided for me. | [1] | [2] | [3] | [4] |
| • The nurses were professional. | [1] | [2] | [3] | [4] |
| • The nurses were responsive to my needs. | [1] | [2] | [3] | [4] |
| • The nurses were concerned about my privacy. | [1] | [2] | [3] | [4] |
| • My procedure was explained thoroughly and I could understand. | [1] | [2] | [3] | [4] |
| • My family and visitors were kept informed of my progress and received the assistance they needed. | [1] | [2] | [3] | [4] |
| • My medication and instructions for home were explained to me in a way that I could understand. | [1] | [2] | [3] | [4] |
| • The arrangements made for my follow-up care were adequate. | [1] | [2] | [3] | [4] |
| • My surgery and post-operative care were completed in a timely manner. | [1] | [2] | [3] | [4] |
| • I would recommend this facility to my family and friends. | [1] | [2] | [3] | [4] |

My overall experience with Rivertown Surgery Center was:

Excellent Good Neutral Fair Poor

What things about your visit to Rivertown Surgery Center exceeded your expectations and impressed you the most? _____

What do you feel needs improvement at this facility? _____

Did any of our staff members exceed your expectations in providing outstanding care? If so, who? _____

Please list any special concerns you had about your visit. _____