

EYE SURGERY CENTER / CATARACT & LASER INSTITUTE OF SOUTHERN OREGON

1408 E. Barnett Rd. – Medford, OR 97504

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PATIENT SATISFACTION SURVEY

Dear Patient,

We at Eye Surgery Center strive to provide quality care and services to all of our patients. Our goal is to provide excellent care in a pleasant environment by qualified caring staff. Please take a few moments to evaluate your experience with us. Your completion of this survey will assist the surgeon and staff in evaluating the quality of care we offer to our patients.

1. **The surgeon's explanation of my procedure was given in a way I could easily understand.**
Strongly agree Agree Neutral Disagree Strongly Disagree
2. **The written and verbal instructions about my procedure were clearly explained before my procedure.**
Strongly agree Agree Neutral Disagree Strongly Disagree
3. **My pre-procedure instructions were easily understood.**
Strongly agree Agree Neutral Disagree Strongly Disagree
4. **My procedure appointment was scheduled in a reasonable amount of time.**
Strongly agree Agree Neutral Disagree Strongly Disagree
5. **The length of time in the Eye Surgery Center waiting room was acceptable.**
Strongly agree Agree Neutral Disagree Strongly Disagree
6. **The staff caring for me were courteous, friendly and had concern for my comfort.**
Strongly agree Agree Neutral Disagree Strongly Disagree
7. **The nurses were technically competent in my care (starting I.V., monitoring vital signs, etc).**
Strongly agree Agree Neutral Disagree Strongly Disagree
8. **The operating room staff made me feel comfortable and at ease with my procedure.**
Strongly agree Agree Neutral Disagree Strongly Disagree
9. **The recovery nurses reviewed my procedure discharge instructions in a way I could easily understand.**
Strongly agree Agree Neutral Disagree Strongly Disagree
10. **The surgery waiting and treatment areas were clean and well maintained.**
Strongly agree Agree Neutral Disagree Strongly Disagree
11. **The services provided to me were delivered in a reasonable amount of time.**
Strongly agree Agree Neutral Disagree Strongly Disagree
12. **I was pleased with the care provided by my surgeon.**
Strongly agree Agree Neutral Disagree Strongly Disagree
13. **Overall, I was satisfied with the quality treatment received at Eye Surgery Center.**
Strongly agree Agree Neutral Disagree Strongly Disagree
14. **I would recommend Eye Surgery Center to others.**
Strongly agree Agree Neutral Disagree Strongly Disagree
15. **How can we better serve you in the future?** _____

Please write a comment or quote to post on our website: _____

~ Thank you for your time, and the privilege of caring for you! ~

Name (optional): _____ Date of service: _____