

Cascade Outpatient Spine Center

**Patient Satisfaction Survey**





Please Tell Us If We Met Your Expectations

Name (Optional): \_\_\_\_\_ Date of Procedure: \_\_\_\_\_

Procedure (Optional): \_\_\_\_\_ Surgeon (Optional): \_\_\_\_\_

We are pleased to have served you during your stay at Cascade Outpatient Spine Center. We value your opinion about your experience with us. Please take a moment to tell us how we did and return the survey at your earliest convenience.

<b>We appreciate your feedback. Please check the boxes</b>	Yes	NO
I would recommend Cascade Outpatient Spine Center to my family and friends.		

		Excellent 	Good 	Fair 	Poor 
1.	I was informed of payment policies prior to my procedure				
2.	I was processed in a timely manner upon arrival				
3.	I understood my pre-operative instructions				
4.	Staff was courteous, friendly, and professional. If <b>NO</b> please check. <input type="checkbox"/> Reception <input type="checkbox"/> Pre-op <input type="checkbox"/> OR <input type="checkbox"/> Recovery				
5.	<input type="checkbox"/> NA My anesthesiologist was courteous & explained my anesthesia plan				
6.	Upon discharge, my support person understood my home care instructions				
7.	The Center provided me with quality care				
8.	Surgery patients only- A nurse called me to follow up on my post operative progress				

Comments:
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