

PATIENT SATISFACTION SURVEY

Our goal at Stat Anesthesia Specialists, Ltd. is to provide you and/or your family members with the safest, highest quality, state-of-the-art anesthesia services. As part of this continuous effort we need feedback from you, our patients. Please take a few minutes to fill out the following questionnaire. Be assured that your responses will be kept completely confidential.

This survey is being filled out for: Myself My Child Other _____

I had my procedure done at: _____ on _____
(Name of Facility or Office) (Month/Day/Year)

My Doctor's name: _____ My Anesthetist's name: _____

Excellent Above Average Average Below Average Unsatisfactory

Anesthesia Provider on Day of Procedure:

- | | | | | | |
|--|--|--|--|--|--|
| <ul style="list-style-type: none"> • Professionalism • Courteousness • Responded to my concerns • Skills/Abilities • Explained anesthesia to my satisfaction • Performed anesthetic to my satisfaction | <input type="checkbox"/>
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Post-Operative Care:

- | | | | | | |
|---|--|--|--|--|--|
| <ul style="list-style-type: none"> • My immediate post-procedure problems were addressed and treated effectively (i.e. pain, nausea, and vomiting). • Discharge instructions were clear and easy to understand. | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
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|---|--|--|--|--|--|

General Comments:

How would you rate your office-based anesthetic/surgical experience in terms of:

- | | | | | | |
|---|--|--|--|--|--|
| <ul style="list-style-type: none"> • Convenience • Comfort • Privacy • Addressing any Anxiety issues: • Overall experience | <input type="checkbox"/>
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Have you had an office-based surgical procedure requiring intravenous (I.V.) anesthesia in the past? Yes No

If yes, indicate what type of practitioner administered the intravenous (I.V.) anesthesia. The Surgeon (Doctor) or Dentist performing the procedure
 Nurse Anesthetist (CRNA) Physician Anesthetist (Anesthesiologist) Oral Surgeon/DDS Not sure Other _____

If yes, how would you compare the care you received from Stat Anesthesia Specialists' Anesthesia Practitioner to that you received from the previous practitioner?

better similar worse than the previous practitioner.

Additional Comments: _____

Your Name (Optional but helpful) _____

Again, this information is vital to us in our efforts to continually strive to improve the quality of our anesthesia services. Thank you for taking the time to complete this questionnaire.

The Management of Stat Anesthesia Specialists, Ltd.
Toll Free Number: 888-782-8847