



MIDWEST SURGICAL CENTER

Midwest Surgical Center
7100 Orchard Center Drive
Holland, Ohio 43528
(419) 866-2000

How Are We Doing?

Please take a few minutes to fill out this survey on the timeliness and quality of the service you received today. Midwest Surgical Center welcomes your feedback and your answers will be kept confidential. Please bring this completed survey with you to your next appointment or mail it to the address listed above. Thank you for your participation.

General Information

How often have you visited Midwest Surgical Center?

First Visit

2-5 Visits

More than 6

Name of the doctor in charge of your care? _____

Date of your surgery or procedure? _____

Please rate your experience before your surgery/procedure:

Surgical procedure was discussed to my satisfaction prior to the event?

Excellent

Good

Fair

Poor

N/A

The paperwork (including pre-operative instructions) were clear and easily understood?

Excellent

Good

Fair

Poor

N/A

The phone call to prepare for surgery was helpful:

Excellent

Good

Fair

Poor

N/A

Please rate your experience the day of surgery/procedure:

The professionalism and helpfulness of the receptionist:

Excellent Good Fair Poor N/A

The Surgical Center was comfortable and organized:

Excellent Good Fair Poor N/A

The Surgical Center was convenient:

Excellent Good Fair Poor N/A

The medical staff was available to answer questions and explain procedures:

Excellent Good Fair Poor N/A

Your pain was well controlled during the procedure:

Excellent Good Fair Poor N/A

The physician's explanation after your procedure/surgery:

Excellent Good Fair Poor N/A

Post-Operative instructions were explained clearly:

Excellent Good Fair Poor N/A

Prescriptions (if needed) were given and explained clearly:

Excellent Good Fair Poor N/A

Staff concern regarding your privacy:

Excellent Good Fair Poor N/A

Please rate your experience after your surgery/procedure:

Helpfulness of the phone call to your home after surgery:

Excellent Good Fair Poor N/A

Your family/friends were kept informed and treated well:

Excellent Good Fair Poor N/A

Were there any problems you did not anticipate?

Yes No Additional Comments:

Would you recommend Midwest Surgical Center to others?

Yes No Additional Comments:

Additional Feedback

Please share any additional comments:

Personal Information

Providing the following information is optional.

First Name

Last Name

Gender

Age

Address

City

State

ZIP Code

Email

Phone

Would you like someone to contact you regarding your responses on this survey?

Yes | No

Thank you for taking the time to fill out our survey. We rely on your feedback to help us improve our services. Your input is greatly appreciated.