

AUGUSTA UROLOGY SURGICENTER

Our goal is to provide you with the finest quality medical care. Please take a few minutes to complete this questionnaire evaluating our physicians, facility and staff. All responses are anonymous, unless you wish us to respond to your individual concerns. Please respond freely, as all responses are kept confidential.

Cain Coleman Goodwin Kay Mack Quarles Sasnett

Please evaluate each of the following areas:

	Poor Excellent				
	1	2	3	4	5
Ability to find the Center easily from the directions given to you					
Courtesy and efficiency of the clinical staff					
Time spent waiting in the Waiting Room					
Understanding explanations regarding your procedure					
Courtesy and efficiency of the Front Desk staff					
Your physician's explanations, instructions and responses to your questions					
Your understanding of follow-up care and further testing or procedures					
Overall impression of our Center					

Please tell us how we can improve your experience with us:

Thank you for participating in our patient satisfaction survey. Your opinion of how we care for you is very important to us.

Signature: _____ **(optional)** **Date:** _____

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Nurse Manager
Augusta Urology Surgicenter
811 13th Street, Suite 17
Augusta, GA 30901

Please fold on dotted line so that address is on the front.

You may bring this survey to your physician's office
if you have a follow-up appointment, send it in the mail
or fax to (706)823-0533.

Additional Comments...
