
MEREDYTH EYE SURGERY CENTER

2709 Meredyth Dr., Ste 210
Albany, GA 31707

Patient Satisfaction Survey

It is our desire to provide our patients with the best quality of care available. Please help us by completing the following form and returning it back to Meredyth Eye Surgery Center.

	Excellent	Good	Average	Needs to Improve
1. In general, how do you rate our facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How was our check-in service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Our staff and physicians: Were they courteous, knowledgeable and responsive to your needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Please rate the comfort in the pre and post operative areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did your overall time in the surgery center meet your expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Were the waiting areas clean and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. How was your overall care during your visit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make any comments you feel would improve our patient care: _____

If you have a complaint regarding your care, please contact:

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Albany, GA 31707
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email tharrison@bergeye.com

Name (optional) _____ Date of Surgery _____