

Coastal Bend Pain Management



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Patient Satisfaction Survey-Procedure

Please rate the adequacy of our staff and providers so that we may better serve you and our other patients.

Friendliness and courtesy of staff who scheduled your appointment?

Poor Average Good N/A

Was your appointment scheduled within a reasonable time frame?

Poor Average Good N/A

Were the pre-op instructions covered and all of your questions answered?

Poor Average Good N/A

Was our staff helpful in preparing you for surgery?

Poor Average Good N/A

Were you greeted in a kind manner when you checked in?

Poor Average Good N/A

Were you kept informed of any delays?

Poor Average Good N/A

Was the pre-op area clean?

Poor Average Good N/A

Was the staff knowledgeable and able to answer your questions?

Poor Average Good N/A

Did our staff treat you in a compassionate and professional manner?

Poor Average Good N/A

Were you satisfied with the technical skills (thoroughness, competence) of the physician/staff?

Poor Average Good N/A

Were your recovery instructions easy to understand?

Poor Average Good N/A

What is the overall rating of your visit?

Poor Average Good N/A

Would you recommend this practice to friends and family?

Yes No

Additional comments or recommendations: _____
