

Augusta Urology Surgicenter

Cain •

Goodwin •

Kay •

Quarles •

Please give us your input by circling your answers

- | | | | |
|---|-----|----|-----|
| 1. Were you able to find our center based on the map/directions we provided? | Yes | No | N/A |
| 2. Was it easy to schedule an appointment? | Yes | No | N/A |
| 3. Were you greeted in a prompt and friendly manner? | Yes | No | N/A |
| 4. Was your condition and treatment explained in a way that was easy to understand? | Yes | No | N/A |
| 5. Were all of your questions answered to your satisfaction? | Yes | No | N/A |
| 6. Was your treatment completed to your satisfaction? | Yes | No | N/A |
| 7. Did a member of our staff keep you informed during every phase of your visit? | Yes | No | N/A |
| 8. Was our staff able to help minimize any concern or anxiety you may have had? | Yes | No | N/A |
| 9. Was our facility clean? | Yes | No | N/A |
| 10. Were your discharge instructions reasonable and clearly explained? | Yes | No | N/A |
| 11. Were your wait times reasonable? | Yes | No | N/A |
| 12. Would you return or refer a friend to our practice? | Yes | No | N/A |

Please elaborate on any answers you gave above and/or add additional comments that you'd like us to consider for corrective action or pass on to staff members:

Thank You