



To help West Michigan Surgery Center better meet your needs, we would sincerely appreciate your filling out our post procedure questionnaire. Please feel free to add any comments to help us in giving our community the best in outpatient care.

Were the pre-operative instructions you received helpful to prepare you for your surgery today?	Yes	No
Did you find the receptionist friendly and helpful during check in?	Yes	No
Did you know what to expect in regards to your procedure today?	Yes	No
Was your physician caring, understanding and did he or she answer any questions you had for them?	Yes	No
Was the nursing staff pleasant, caring and understanding?	Yes	No
Did you find our facilities clean and comfortable?	Yes	No
Were your discharge instructions explained to you to ensure you understand them?	Yes	No

We welcome any individual comments below. Please feel free to write any suggestions to improve the care you receive.

Date of procedure: _____

Physician: _____

Your Name (Optional) : _____

Thank you for taking the time to complete this questionnaire.