

*Pacific Coast Spine Institute
and Pain Center
Surgery Center Questionnaire*

17822 Beach Boulevard Suite 101
Huntington Beach, CA 92647
(714) 847-3666
Fax (714) 847-7171

Date of Procedure: _____ Name (optional): _____

1) Please rate the satisfaction of your pre-procedure consultation prior to your visit to the Surgery Center:

Excellent Good Fair Poor N/A

2) Was this procedure performed for:

Yourself Spouse Other

3) Please rate the comfort of the facility:

Excellent Good Fair Poor N/A

4) Please rate the post-procedure instructions you were given:

Excellent Good Fair Poor N/A

5) Please rate the personal interest shown to you by the Pacific Coast Spine Institute and Pain Center's Surgery Center personnel:

Excellent Good Fair Poor N/A

6) Please rate the anesthesia services provided, if applicable:

Excellent Good Fair Poor N/A

7) Please rate your overall experience at Pacific Coast Spine Institute and Pain Center's Surgery Center:

Excellent Good Fair Poor N/A

8) Was the fact that you could return home the same day as your procedure a factor in your decision to use Pacific Coast Spine Institute and Pain Center's Surgery Center?

Yes No

9) Were your financial matters handled properly?

Yes No

10) Would you recommend Pacific Coast Spine Institute and Pain Center's Surgery Center to family or friends?

Yes No

11) Would you use Pacific Coast Spine Institute and Pain Center's Surgery Center again?

Yes No

What did you like most about Pacific Coast Spine Institute and Pain Center's Surgery Center?

What did you like least about Pacific Coast Spine Institute and Pain Center's Surgery Center?

Please list any general comments, suggestions, or employees who provided exceptional service:

We are constantly striving to improve our services. Thank you for your help.