



Perception of Care, Treatment, and Services
SANTAN SURGERY CENTER
1704 E. BOSTON STREET
Gilbert, Arizona 85295
(480) 656-8600
Fax: (480) 656-8601

Please tell us about your recent experience at SanTan Surgery Center. Feel free to make any comments; this will assist us to continuously improve our quality of care. Please complete and return in the attached postage paid envelope.

Thank you.

Were you greeted in a friendly and timely manner when you arrived?

_____ Yes _____ No

Comments: _____

Was the information you received prior to your stay helpful?

_____ Yes _____ No

Comments: _____

If there was a delay with your surgical procedure were you informed in a timely manner and kept comfortable?

_____ Yes _____ No

Comments: _____

Were your discharge instructions explained clearly? Were they helpful?

_____ Yes _____ No

Were you satisfied with your treatment from all departments?

_____ Yes _____ No

How would you rate your overall stay?

Poor

Excellent

1

2

3

4

5

Comments: _____

Name (optional): _____