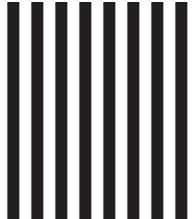




NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 82-001 MONROE, LA

POSTAGE WILL BE PAID BY ADDRESSEE

QUALITY ASSURANCE
611 GRAMMONT ST.
MONROE, LA 71201



Please give us your

Feedback



318.388.6983

West Monroe, LA

Name: _____ (Optional*)

**If the completed survey is returned to the facility within one week of your procedure, your name will be entered into a semi-annual drawing for a \$200 gift card. (Participation in the drawing is not contingent upon your answers, so please be candid.)*

1. Before your procedure, you received clear and helpful information about how to prepare for your procedure, directions to the facility that were accurate and easy to follow, and you were made aware that you would need a responsible party to drive you following your procedure.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

2. The check-in process ran smoothly, and the receptionist was professional, courteous, and helpful.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

3. You received clear and helpful information about billing and insurance.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

4. You did not experience unnecessary delays; if your procedure was delayed, you were kept informed of the delay.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

5. The medical staff (doctors, nurses, anesthesiologists) were professional, courteous, and helpful, and made sure you were as comfortable as possible.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

6. The staff/anesthetist explained the process of giving anesthesia in a way that was easy to understand.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

7. The facility was clean.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

8. After your procedure, you received easy to understand written discharge instructions that included what symptoms you should watch for (pain, bleeding, nausea, vomiting) and what to do if you experienced any of those symptoms.

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

9. At any time after leaving the facility, did you have pain as a result of your procedure?

- 1 No
- 2 Yes, somewhat
- 3 Yes, definitely

Comment: _____

10. Would you recommend the facility to family and friends?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

Comment: _____

Please provide your additional comments/suggestions here. (Please use employee names if needed.)

Thank you for your feedback!