

Timonium Surgery Center, LLC

Patient Evaluation

It was our pleasure to serve you! Thinking about you or your family member's visit, how would you rate our facility on:

- 1 Information and instructions given to you before your procedure.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 2 Staff explanations about billing and insurance information.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 3 Information given to you regarding the potential risks/ complications of the type of anesthesia you received.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Courtesy and professionalism of nursing staff toward you and your family member/caregiver.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 5 Protection of confidentiality and personal privacy.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 6 Degree to which your pain was controlled while at our center.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 7 Instructions given to you upon discharge.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 8 Cleanliness and comfort of the facility.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 9 Response to concerns/complaints, if any, during your visit.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 10 Your overall experience and the care you received at our facility.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| N/A | Very Good | Good | Fair | Poor | Very Poor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 11 Did you experience any unexpected problems after your procedure?

Yes No

If yes, please explain: _____

- 12 What did you like most about the facility?

- 13 What did you like least about the facility?

- 14 Would you recommend this facility to your family and friends?

Definitely Yes Probably Yes Definitely No Probably No

- 15 Please list any general comments, suggestions, or employee who provided exceptional service.

Type of procedure:

- Surgical
 Pain Management Other: _____

Date of Procedure: _____

Name (optional): _____

Patient Family Member

Doctor's name (optional): _____

If you wish to reach the Administrator regarding any concerns you may have please call 410-560-3301

Timonium Surgery Center, LLC

1954 Greenspring Drive, Suite LL18, Timonium, MD 21093

Phone: 410-560-3301