



Orofacial & Cosmetic Surgery

Dear Patient, this is a questionnaire specifically designed to help us better serve your healthcare needs. This questionnaire is strictly confidential and anonymous. THANK YOU!

The staff of the Western Reserve Center

Today's Date:
Procedure & Date:
Surgeon:

PREOPERATIVELY

Were your pre-op instructions given in a manner that you understood?

No Yes

YOUR ARRIVAL TO THE OFFICE

Did you have any problems finding the at Western Reserve Center?

No Yes

Please Explain:

Did you have any problems with the parking at Western Reserve Center?

No Yes

Please explain:

Were you greeted cordially?

No Yes

Please explain:

YOUR RECEPTION

How would you rate the waiting room at the Western Reserve Center on the following characteristics?

GOOD FAIR POOR

- Cleanliness
Comfort
Décor
Atmosphere (Noise, temperature)

Please comment on any characteristics you felt were poor:

YOUR CARE

How would you rate the following?

GOOD FAIR POOR

- The receptionist
The nurses
The doctors
Your experience in the recovery room

The staff's concern for your privacy

The attentiveness of the staff

The Staff's post-op explanation concerning your treatment

The staff's concern for your needs

Overall, how would you evaluate the care you received?

POST-OPERATIVELY

Did you require contact with your doctor within 24 hours of your surgery for any problem?

No Yes-- Please explain

Please rate your post op pain for us on a scale from 1-10, with 10 being very severe:

Night of surgery
Day after surgery

Did the medication prescribed for you by your doctor ease your pain?

No Yes

Were your discharge and follow-up instructions explained clearly?

No Yes

Did you ever have to wait an unreasonable amount of time at any point in your treatment?

No Yes

Would you feel comfortable referring others to the Western Reserve Center?

No Yes

Please feel free to use the space provided below for any additional comments.