

PATIENT SATISFACION SURVEY

We value your feedback as we strive to provide the best possible care. Please take a few minutes to complete this confidential survey. Your responses will help us improve our services.

1. How would you rate your overall experience at Heron Rock Surgery Center?

- Excellent Good Fair Poor

2. Were our staff courteous and professional throughout your visit?

- Yes, very much Somewhat Not at all

3. Did you feel adequately informed about your procedure and what to expect?

- Yes, completely Somewhat No

4. How would you rate the cleanliness and comfort of the facility?

- Excellent Good Poor

5. Was your wait time reasonable?

- Yes No

6. Did you feel safe and cared for during your visit?

- Yes, absolutely Somewhat No

7. Were the instructions for aftercare and follow-up clear and helpful?

- Yes, very clear Somewhat clear No

8. Would you recommend Heron Rock Surgery Center to others?

- Yes No

9. Is there anything we could improve to enhance your experience?

Thank you for your time and feedback! Please submit the completed form to 606 Community Way Lancaster, PA 17603 or email to info@heronrocksurgery.com. Thank you!