

# YOUR CARE IS IMPORTANT TO US

# Congress Medical Surgery Center

## To our Patients:

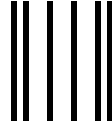
Thank you for entrusting your surgical care to Congress Medical Surgery Center. The quality of this care is of utmost importance to us. Please assist us in reaching our goal by responding to the following questionnaire.

**Our goal is Quality Patient Satisfaction. Please let us know how we are doing.**

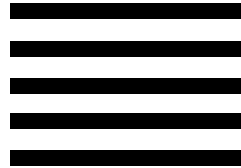
### Please Rate:

- |                                                        |                               |                               |                               |                                    |
|--------------------------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------|
| General appearance & cleanliness of facility           | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| The courtesy of the reception staff & billing staff    | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| The courtesy of the pre-op/post-op nursing staff       | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| The courtesy of the operative staff                    | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| The courtesy of the physician                          | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Satisfaction of care                                   | <input type="checkbox"/> Poor | <input type="checkbox"/> Fair | <input type="checkbox"/> Good | <input type="checkbox"/> Excellent |
| Did you receive a copy of your discharge instructions? | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |                               |                                    |

Comments: \_\_\_\_\_  
\_\_\_\_\_



NO POSTAGE  
NECESSARY  
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IN THE  
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POSTAGE WILL BE PAID BY ADDRESSEE

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