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Please take a moment and complete the following questions to help us improve our services. Please complete and return to our office in the self addressed stamped envelope. Thank you for your time.

<b>PATIENT SURVEY</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
When I call the office, the phone is answered in 4 rings or less			
When I called for an appointment, I was treated with respect.			
My appointment was scheduled on the date and time I needed			
When I arrived, the receptionist treated me with courtesy and respect.			
During my office visit, my waiting time was reasonable			
The office was clean and comfortable			
The exam room was clean and comfortable			
The doctor spent enough time with me			
The doctor treated me with courtesy and respect			
The doctor explained my medication and treatment adequately			
The staff treated me with courtesy and respect			
My doctor listens to me and answers my questions			
The checkout staff was courteous and helpful			
The doctor adequately explained my surgery to me			
I understood the pre/post surgery teaching and felt it was adequate			
I was satisfied with the outcome and timeliness of my post-op visits			
My insurance was filed in a timely manner (within 90 days)			
Billing personnel were helpful and treated me with respect			
Overall, I had a positive experience			
I would recommend Advanced Surgical Concepts to others			

Comments:

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Date: \_\_\_\_\_