






We want to provide you with the very best service and care. We are requesting your assistance in evaluating your recent experience at Advanced Ambulatory Surgical Center, Inc. We appreciate your assistance in completing the following questions.

5 = Excellent 4 = Good 3 = Average 2 = Poor 1 = Unacceptable

	  				
Appearance/Cleanliness of the Center.....	5	4	3	2	1
Reception/Front Desk Personnel.....	5	4	3	2	1
Our Staff.....	5	4	3	2	1
Anesthesia Personnel.....	5	4	3	2	1
Your Doctor.....	5	4	3	2	1
The Answers to your Questions - Information, Teaching, Instructions.....	5	4	3	2	1
Your Companion's Experience.....	5	4	3	2	1

2. Was the waiting time for your surgery reasonable? ☐ YES ☐ NO

3. If necessary would you choose to have surgery here again? ☐ YES ☐ NO

4. Would you refer your friends to Advanced Ambulatory Surgical Center, Inc.? ☐ YES ☐ NO

Thank you for your feed back!

AASC
2333 N Harlem Avenue
Chicago, IL 60707

Comments: