

Apex Dental Anesthesia

Patient Satisfaction Survey

The anesthesia care for your recent dental treatment was provided by Apex Dental Anesthesia. We would like to know how you feel about the service we provided so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Dental Facility _____ Race/Ethnicity: Asian
 Pacific Islander
 Black/African American
 American Indian/Alaska Native
 White (Not Hispanic or Latino)
 Hispanic or Latino (All Races)
 Unknown

Patient's Age _____

Gender Male Female



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR	DOESN'T APPLY
<i>Your experience prior to your appointment</i>						
Information provided in your anesthesia scheduling packet	5	4	3	2	1	X
Pre-anesthesia instructions	5	4	3	2	1	X
Helpfulness of anesthesia scheduling coordinator	5	4	3	2	1	X
Assistance with medical clearance for anesthesia	5	4	3	2	1	X
Explanation of charges & anticipated insurance payments	5	4	3	2	1	X
Collection of payment for anesthesia services	5	4	3	2	1	X
<i>Your experience on the day of your appointment</i>						
Anesthesia provider explained what you wanted to know	5	4	3	2	1	X
Professionalism of anesthesiologist or anesthetist	5	4	3	2	1	X
Updates regarding on-schedule status	5	4	3	2	1	X
Professionalism of recovery assistants	5	4	3	2	1	X
Instructions provided at time of discharge	5	4	3	2	1	X
Language translation was adequate	5	4	3	2	1	X
Privacy and confidentiality	5	4	3	2	1	X
<i>Your at-home post-anesthesia experience</i>						
Lack of nausea from anesthesia	5	4	3	2	1	X
Lack of infection at IV site	5	4	3	2	1	X
Response to questions about post-anesthesia concerns	5	4	3	2	1	X

Suggestions for improvement? _____

Thank you for completing our Survey!

Please return survey to:
 317 S Ash Street
 Moses Lake, WA 98837

