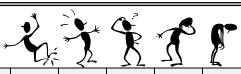
Apex Dental Anesthesia Patient Satisfaction Survey

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
Patient's Age				Black/African American American Indian/Alaska Native
Gender	Male	Female		White (Not Hispanic or Latino) Hispanic or Latino (All Races) Unknown



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

Suggestions for improvement?		
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