



2127 East Harmony Road, Suite 200
Fort Collins, CO 80528

HARMONY SURGERY CENTER, LLC
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Fort Collins, Colorado 80528

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Thank you for choosing the Harmony Ambulatory Surgery Center. We are committed to providing you with a great experience. Please take a few minutes to complete our survey to let us know how we are doing.

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied
1. Receptionist:				
Courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintained Confidentiality:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Registered Nurses:				
Courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation of procedure and plan of care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physicians:				
Courteous:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedure teaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Facility:				
Cleanliness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waiting room:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of admission:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were you comfortable during your procedure? Yes No

Were you comfortable while in the recovery area after your procedure? Yes No

If "no" to either of the above, please describe discomfort:

Did your responsible party (ride home) clearly understand your discharge instructions? Yes No

Would you recommend our facility to others? Yes No

Please check the type of procedure you were scheduled for:

- GI Colonoscopy GI Upper endoscopy/EGD
 GI Other _____
 Pain Treatment Surgical Procedure
 Other _____

Comments or suggestions? _____