



**WICHITA
SURGICAL
SPECIALISTS, P.A.**
Surgical Care is Our Specialty.

Thank you for choosing Wichita Surgical Specialists as your surgical care provider. Ensuring you receive quality surgical care is our first priority. We appreciate the feedback you can provide us so we can continue to serve you well.

Please print out the questionnaire, complete it and return to:

Wichita Surgical Specialists, P.A.
Director of Patient Relations
818 N. Emporia, Ste 200
Wichita, KS 67214

If you would like to discuss further the care you received, please call our Director of Patient Relations at (316) 263-0296.

1. Which surgeon did you see on your most recent visit? (Circle all that apply.)

Alex Ammar, MD	Jeremy Howes, MD	Duane Osborne, MD
Matthew Arneson MD	Steven Hutchinson, MD	Jacqueline Osland, MD
Larry Beamer, MD	Gary Jost, MD	Michael Porter, MD
Robert Bingaman, MD	Gyan Khicha, MD	Justin Reed, MD
Nicholas Brown, MD	Sanjay Khicha, MD	John Smith, MD
Therese Cusick, MD	Brent Lancaster, MD	Whitney VinZant, MD
Thomas Estep, MD	Nazih Moufarrij, MD	Vanessa Voge, MD
Brett Grizzell, MD	Mark Niederee, MD	Jason Woolard, MD
James Haan, MD	Joseph Nold, Jr. MD	

2. Why did you choose Wichita Surgical Specialists? (select all that apply.)

<input type="checkbox"/> My physician referred me	<input type="checkbox"/> Internet research
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Location convenience
<input type="checkbox"/> Physician reputation	<input type="checkbox"/> Other, please elaborate _____
<input type="checkbox"/> Group reputation	

3. Were you able to get an appointment time that was convenient for you?

Yes No If no, please explain _____

4. How long was your wait from the time you arrived for your appointment to the time you were seen by your surgeon? (Circle the most relevant answer.)

Under 15 minutes 15-30 minutes 31-45 minutes More than 45 minutes

5. Were you satisfied with the service you received at your office visit?

Yes No If no, please explain _____

6. On a scale of 1 to 10 with 10 being most favorable, how welcoming and helpful was the receptionist?

1 2 3 4 5 6 7 8 9 10

Please elaborate _____

7. On a scale of 1 to 10 with 10 being most favorable, how helpful was your nurse?

1 2 3 4 5 6 7 8 9 10

Please elaborate _____

8. On a scale of 1 to 10 with 10 being most favorable, how informative was your surgeon?

1 2 3 4 5 6 7 8 9 10

Please elaborate _____

9. On a scale of 1 to 10 with 10 being most favorable, how satisfied were you with the overall experience at your office visit?

1 2 3 4 5 6 7 8 9 10

Please elaborate _____

10. I would recommend Wichita Surgical Specialists to a family member or friend.

Yes No If no, please explain _____

11. How may we improve our service?

Thank you for your time and assistance. Your input will be of great value to us. If you would like us to contact you please provide the following information.

Optional Information

Name _____

Address _____

Office Number _____

Mobile Number _____