



**East Atlanta Eye Surgery Center**  
550 Professional Dr.  
Lawrenceville, GA 30046

## Patient Satisfaction Survey

**Dear Patient,**

Thank you for trusting us with your surgical care. To ensure we are providing the best care possible, please complete our post-operative survey. Please choose an option below to complete your survey

1. Complete the form below and bring it with you to your post-operative appointment
2. Mail the completed survey to:  
East Atlanta Eye Surgery Center  
550 Professional Drive  
Lawrenceville, GA 30046
3. Provide us your e-mail address prior to leaving today so we can send our survey via e-mail:
  - e-mail address: \_\_\_\_\_

Please check the boxes that apply.

Today's Date: \_\_\_\_\_

- I was greeted in a timely manner and treated with professionalism and respect.
- I felt my pre-operative and post-operative instructions were adequate.
- The staff was responsive to my needs.
- The staff was protective of my privacy.
- The staff was competent to provide my care.
- The staff was courteous.
- I did not have to wait too long.
- I was satisfied with my care.
- I would return or refer others for care.

Please offer any comments or suggestions in areas where we could improve or areas where we excelled:

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Name/date of care: (optional): \_\_\_\_\_