

Steve Bureau Oral & Maxillofacial Surgery
CONFIDENTIAL QUALITY ASSURANCE QUESTIONNAIRE

Name (Optional): _____ Date: _____

Were you received in a friendly, courteous manner?

Were financial issues discussed in a polite, private and professional manner?

Were you seen in a timely fashion during your consultation and on the day of surgery?

Did your consultation visit answer all of your questions and concerns?

Was your surgery experience as you expected?

Did you have more discomfort /swelling than expected?

If you used the after hour emergency service, was your call answered in a timely manner and your concerns addressed in a satisfactory way?

Was your anesthesiologist compassionate, professional and caring?

Was your surgeon compassionate, professional and caring?

Please comment on the things you feel that we can improve on.

Please list any other additional comments

PLEASE COMPLETE THIS FORM AND RETURN TO OUR OFFICE, OR FAX TO
(403)288-0509. THANK-YOU!