

Orthopedic Surgery Patient Satisfaction Survey

Dear [Patient's Name],

Thank you for choosing [Hospital/Clinic Name] for your orthopedic surgery. We value your feedback and strive to improve our services. Please take a few moments to complete this survey about your experience.

Survey Questions:

1. How would you rate the overall quality of care you received?
 - Excellent
 - Good
 - Average
 - Poor
2. Were the staff members attentive and courteous?
 - Always
 - Most of the time
 - Sometimes
 - Never
3. How satisfied are you with the information provided about your surgery?
 - Very satisfied
 - Satisfied
 - Neutral
 - Dissatisfied
4. Would you recommend our clinic to others?
 - Definitely
 - Probably
 - Not sure
 - Probably not

Additional comments: _____

Your feedback is important to us. Please return this survey by [Return Date] to [Return Address/Email].

Thank you for helping us improve our services.

Sincerely,
[Your Name]
[Your Title]
[Hospital/Clinic Name]