



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 complete and return to:

Clinical Manager  
551 N. Hillside, Ste. 201  
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?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Ali Ahmad, MD       | <input type="checkbox"/> Brett Grizzell, MD    | <input type="checkbox"/> Mark Niederee, MD   |
| <input type="checkbox"/> Amin Ahmed, MD      | <input type="checkbox"/> Jordan Groskurth, MD  | <input type="checkbox"/> Aaron Nilhas, MD    |
| <input type="checkbox"/> Chad Ammar, MD      | <input type="checkbox"/> James Haan, MD        | <input type="checkbox"/> Joseph Nold, Jr. MD |
| <input type="checkbox"/> Matthew Arneson, MD | <input type="checkbox"/> Bethany Harpole, MD   | <input type="checkbox"/> Michael Porter, MD  |
| <input type="checkbox"/> Samantha Beck, MD   | <input type="checkbox"/> Jeremy Howes, MD      | <input type="checkbox"/> Thomas Resch, MD    |
| <input type="checkbox"/> Nicholas Brown, MD  | <input type="checkbox"/> Steven Hutchinson, MD | <input type="checkbox"/> Max Shapiro, MD     |
| <input type="checkbox"/> Sarah Corn, MD      | <input type="checkbox"/> Sanjay Khicha, MD     | <input type="checkbox"/> Lindsay Strader, DO |
| <input type="checkbox"/> Therese Cusick, MD  | <input type="checkbox"/> Brent Lancaster, MD   | <input type="checkbox"/> Brady Werth, MD     |
| <input type="checkbox"/> Austin George, MD   | <input type="checkbox"/> Nazih Moufarrij, MD   | <input type="checkbox"/> Jason Woolard, MD   |
| <input type="checkbox"/> David Grantham, 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"/> Location convenience     | <input type="checkbox"/> Other, please elaborate: |
| <input type="checkbox"/> Physician reputation     | _____   |
| <input type="checkbox"/> Group reputation         | _____   |

3. Were you able to get an appointment within a reasonable timeframe?

- 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 on 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 can 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 \_\_\_\_\_