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*Medical Director  
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*Physician Assistant and Licensed through the  
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### **Patient Satisfaction Survey-Procedure**

Please rate the adequacy of our staff and providers so that we may better serve you and our other patients.

**Friendliness and courtesy of staff who scheduled your appointment?**

- Poor       Average       Good       N/A

**Was your appointment scheduled within a reasonable time frame?**

- Poor       Average       Good       N/A

**Were the pre-op instructions covered and all of your questions answered?**

- Poor       Average       Good       N/A

**Was our staff helpful in preparing you for surgery?**

- Poor       Average       Good       N/A

**Were you greeted in a kind manner when you checked in?**

- Poor       Average       Good       N/A

**Were you kept informed of any delays?**

- Poor       Average       Good       N/A

**Was the pre-op area clean?**

- Poor       Average       Good       N/A

**Was the staff knowledgeable and able to answer your questions?**

- Poor       Average       Good       N/A

**Did our staff treat you in a compassionate and professional manner ?**

- Poor       Average       Good       N/A

**Were you satisfied with the technical skills (thoroughness, competence) of the physician/staff?**

- Poor       Average       Good       N/A

**Were your recovery instructions easy to understand?**

- Poor       Average       Good       N/A

**What is the overall rating of your visit?**

- Poor       Average       Good       N/A

**Would you recommend this practice to friends and family?**

- Yes       No

**Additional comments or recommendations:** \_\_\_\_\_

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