



HOW DID WE DO?

PATIENT SURVEY

TODAY

Before we ask about your specific experience with Axis Neuromonitoring, we want to know how you're currently feeling about your entire surgical experience.

As of right now, what is the outcome of your surgery? Check the most accurate answer.

- GREAT.** There are no complications and I'm feeling better.
- GOOD.** There is room for improvement.
- OKAY.** There are a few minor complications.
- NOT WELL.** I didn't get the outcome I was expecting.
- POOR.** There are significant complications.

Please provide some details to explain your answer.

BEFORE SURGERY

Did you receive a call from an Axis Patient Care Advocate regarding our services?

- YES** **NO**

Did your surgeon inform you that you would have intraoperative neuromonitoring (IONM) during your procedure?

- YES** **NO**

Did you discuss neuromonitoring with your Axis technologist during pre-op?

- YES** **NO**

Did you bring up or discuss any concerns?

- YES** **NO**

Please describe your pre-op experience. Be as specific as you want to.

POST-OP/BILLING

Were you assisted by a member of the Axis team when dealing with your insurance company?

YES NO

Do you feel that Axis helped in the insurance process and was acting in your best interest?

YES NO

Please describe your post-op experience, including any way Axis helped with your insurance company. Be as specific as you want.

OVERALL

In one word, how would you describe your experience with Axis? _____

How would you rate your experience with Axis (just us specifically, not your hospital or surgeon)?

For example, Excellent, Great, Good, Okay, or Bad. _____

Please tell us exactly how we did. Describe your experience with your Axis team.

Be as specific as you want.

May we post your responses on our website? We will keep all testimonials anonymous.

YES NO

May we contact you for clarification on any answers you have given?

YES NO

If yes, how may we contact you? Please provide information.

NAME _____

EMAIL _____@_____ . _____

PHONE (_____) _____ - _____

Once this form is complete, you may send it to us in any of the following ways:

Fax: 888.694.2947

Email: info@axisneuro.com

Please put "Patient Survey" in the subject line.

Mail: Axis Neuromonitoring

PO Box 1577

Waller, Texas 77484

Thank you for taking the time to answer our questions. You are helping improve patient care!