



Outpatient Procedure Component—Annual Facility Survey

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*required for saving	Tracking #:																							
*Facility ID:	*Survey Year:																							
Facility Characteristics																								
<p>*Entity (check one): <input type="checkbox"/> Ambulatory Surgical Center (ASC)</p> <p>*Ownership (check all that apply):</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> For profit hospital</td><td><input type="checkbox"/> Not for profit hospital, including church</td><td><input type="checkbox"/> Government</td><td><input type="checkbox"/> Management company</td></tr><tr><td><input type="checkbox"/> Military</td><td><input type="checkbox"/> Veterans Affairs</td><td><input type="checkbox"/> Physician</td><td><input type="checkbox"/> Managed care organization</td></tr></table> <p>*Specialty (check one) : <input type="checkbox"/> Multispecialty <input type="checkbox"/> Single specialty</p> <p><u>*Check all the specialty(ies) performed in your facility:</u></p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Bariatrics</td><td><input type="checkbox"/> Dental</td><td><input type="checkbox"/> General surgery</td><td><input type="checkbox"/> Gastroenterology</td><td><input type="checkbox"/> Gynecology</td></tr><tr><td><input type="checkbox"/> Neurology</td><td><input type="checkbox"/> Ophthalmology</td><td><input type="checkbox"/> Orthopedic</td><td><input type="checkbox"/> Otolaryngology</td><td><input type="checkbox"/> Pain management</td></tr><tr><td><input type="checkbox"/> Plastic surgery</td><td><input type="checkbox"/> Podiatry</td><td><input type="checkbox"/> Spine</td><td><input type="checkbox"/> Urology</td><td><input type="checkbox"/> Other (specify): _____</td></tr></table> <p>*Total number of operating rooms at time of survey completion: _____</p> <p>*Total number of procedure rooms at time of survey completion: _____</p> <p>*Total number of patient admissions in this survey year: _____</p> <p>*Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<input type="checkbox"/> For profit hospital	<input type="checkbox"/> Not for profit hospital, including church	<input type="checkbox"/> Government	<input type="checkbox"/> Management company	<input type="checkbox"/> Military	<input type="checkbox"/> Veterans Affairs	<input type="checkbox"/> Physician	<input type="checkbox"/> Managed care organization	<input type="checkbox"/> Bariatrics	<input type="checkbox"/> Dental	<input type="checkbox"/> General surgery	<input type="checkbox"/> Gastroenterology	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Neurology	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedic	<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Pain management	<input type="checkbox"/> Plastic surgery	<input type="checkbox"/> Podiatry	<input type="checkbox"/> Spine	<input type="checkbox"/> Urology	<input type="checkbox"/> Other (specify): _____
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