



Sample Surgeon Survey

Courtesy, Janice E. Rey, MP (ASCP), CIC, St. John Hospital and Medical Center, Detroit, MI
March, 2006

12/14/20007:46

FACILITY NAME HERE
INFECTION CONTROL PATIENT SURVEY

Dear Doctor: PHYSICIAN NAME HERE ID#

The following is a list of your patients having Abdominoplasty Surgery performed between 10/01/2005 and 10/31/2005. Please complete the following and return it to Infection Control in the enclosed self addressed stamped envelope. Thank you.

Patient Name	MRN	Surgery Date	Surgical Procedure	Infection Present		Date of Onset/ Culture	Symptoms
				Yes	No		



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March, 2006

12/14/20007:46

FACILITY NAME HERE
INFECTION CONTROL PATIENT SURVEY

Dear Doctor: PHYSICIAN NAME HERE ID# 001947

The following is a list of your patients having Abdominal Plasty Surgery performed between 10/01/2005 and 10/31/2005. Please complete the following and return it to Infection Control in the enclosed self addressed stamped envelope. Thank you.

Patient Name	MR #	Surgery Date	Surgical Procedure	Infection Present		Date of Onset/ Culture	Symptoms
				Yes	No		
CURIS, ANN, MARIE	61002127	10/03/2005	ABDOMINAL PLASTY:REQ 1ST ASST;3HRS **LATEX ALLERGY**				