



## **In-Office Surgical Suite Feasibility Questionnaire**

1. **Surgeon's Name:** \_\_\_\_\_  
**Name of Practice:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact numbers: (O) \_\_\_\_\_, (F) \_\_\_\_\_**

**E-Mail:** \_\_\_\_\_

**Contact Names:** \_\_\_\_\_

2. **Please provide actual outpatient procedural volumes for the past year.**

**Cataract \_\_\_\_\_ Clear Lens \_\_\_\_\_ Refractive \_\_\_\_\_**

**Minor Procedure \_\_\_\_\_ Plastics \_\_\_\_\_**

3. **Average annual growth rate of the following;**

**Cataract \_\_\_\_\_% Clear Lens \_\_\_\_\_% Refractive \_\_\_\_\_%**

4. **What percentage of your future refractive cases will include the following:**

**Phakic lens \_\_\_\_\_ Crystal lens \_\_\_\_\_ Restor \_\_\_\_\_ Rezoom \_\_\_\_\_**

**Toric \_\_\_\_\_**

5. **Where are you performing your surgical procedures;**

**ASC \_\_\_\_\_ Hospital \_\_\_\_\_**

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6. Do you have any ownership interest in an ASC? \_\_\_\_\_ %
7. What do you pay per private pay procedure \$ \_\_\_\_\_
8. How many private pay procedures did you perform in the last year? \_\_\_\_\_.
9. Which would you prefer: ASC \_\_\_\_\_ In-Office Suite \_\_\_\_\_
10. Do you have the space to add or change your current office space? \_\_\_\_\_.  
If so, do you know the square footage? \_\_\_\_\_ Sq ft.
11. Would you consider moving your office to a new location? \_\_\_\_\_.
12. Do you know other surgeons you may want to work with? \_\_\_\_\_.  
If so, what are their names and numbers, \_\_\_\_\_  
\_\_\_\_\_
13. What do you spend per year on marketing? \$ \_\_\_\_\_
14. Do you own any surgical equipment?  
Please list; \_\_\_\_\_  
\_\_\_\_\_
15. Do you prefer to own or lease equipment? \_\_\_\_\_.
16. How soon would you want to schedule a site visit? \_\_\_\_\_.