

Thank you for taking the time to complete the following questionnaire. Please circle, check, or fill in your responses. Return it in the enclosed self-addressed, stamped envelope.

What procedure(s) did you have performed during your most recent surgery?

*Rip lift & lip corner lift*

How would you rate your final result(s)? Excellent 10... 9... 8... 7... 6... 5... 4... 3... 2... 1 Poor

Would you recommend our practice to your friends?

Yes

No

Uncertain

What was the best part about your consult?

*The time that Dr. Rodriguez spent on the consult*

Why did you select Dr. Rodriguez and our office for your surgery?

*Confidence in his ability & Trust*

What else could we have done to help you prepare for your surgery?

*Maybe speak with prior patients*

How was your experience with the anesthesiologist?

*N.A.*

Please indicate your experience in the recovery room:

Duration of recovery room time  too short  too long  adequate

Temperature  too cold  too hot  adequate

My pain management  not enough  adequate

Other, please explain:

Would you return to this office if you decide to have additional surgery?

Yes  No  Uncertain

Which of the following factors influenced you to choose Dr. Rodriguez? (check all that apply)

- Reputation of doctor
- Board certification, Training
- Technology used
- Procedures offered
- Internet web page
- Location of office
- Phone book ad
- News article/show
- Print ad in: \_\_\_\_\_
- Seminar appearance
- Hospital referral
- Physician referral
- Recommendation by friend or family
- Recommendation by salon staff
- Cost of surgery
- Financing options
- Friendly staff
- Other: \_\_\_\_\_

Were your telephone calls to our office handled to your satisfaction?

Yes     No    Comments:

Were you satisfied with the way your surgery was scheduled?

Yes     No    Comments:

How well do you agree with the following statements? (If any item does not apply, leave blank)

The amount of time that I had to wait to get a consultation

with Dr. Rodriguez was reasonable. .... Strongly Agree ..... Agree ..... Neutral ..... Disagree

I was satisfied with the information and surgical description

provided by Dr. Rodriguez. .... Strongly Agree ..... Agree ..... Neutral ..... Disagree

The office staff was attentive to my needs. ....

Strongly Agree ..... Agree ..... Neutral ..... Disagree

The OR staff was attentive to my needs ....

Strongly Agree ..... Agree ..... Neutral ..... Disagree

The written materials that I received prior to surgery satisfied my needs. ....

Strongly Agree ..... Agree ..... Neutral ..... Disagree

I was satisfied with the way I was prepared for surgery. ....

Strongly Agree ..... Agree ..... Neutral ..... Disagree

I was satisfied with the care that I received the morning of surgery. ....

Strongly Agree ..... Agree ..... Neutral ..... Disagree

I was satisfied with my follow-up care. ....

Strongly Agree ..... Agree ..... Neutral ..... Disagree

The fees for surgery were reasonable. ....

*I didn't compare prices*

Strongly Agree ..... Agree ..... Neutral ..... Disagree

Additional Comments:

Thank you for taking the time to complete this questionnaire.

May we share your confidential comments with prospective patients?

Yes     No

Would you like someone to call you regarding any of your responses?

Yes     No

Name (optional)