

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?

Breast Augmentation

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?

Seeing what the results would be

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

Friend Recommendation

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

Nothing

How was your experience with the anesthesiologist?

Great

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:

My pain pump did not work

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

Phone book ad

Recommendation by friend or family

Board certification, Training

News article/show

Recommendation by salon staff

Technology used

Print ad in: _____

Cost of surgery

Procedures offered

Seminar appearance

Financing options

Internet web page

Hospital referral

Friendly staff

Location of office

Physician referral

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. 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

if needed

Name (optional) _____

[Handwritten signature]