

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, lips on flanks

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

I am glad that I did the flanks & not bigger breast than the 300cc

Would you recommend our practice to your friends? Yes No Uncertain

What was the best part about your consult?

My initial consult was timely not rushed. Dr. Rod. didn't push me. He suggested the flanks and let it go.

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

A friend suggested him

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

How was your experience with the anesthesiologist?

good

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:

It took longer to recovery than I thought

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)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Reputation of doctor | <input type="checkbox"/> Phone book ad | <input checked="" type="checkbox"/> Recommendation by friend or family |
| <input checked="" type="checkbox"/> Board certification, Training | <input type="checkbox"/> News article/show | <input type="checkbox"/> Recommendation by salon staff |
| <input checked="" type="checkbox"/> Technology used | <input type="checkbox"/> Print ad in: _____ | <input checked="" type="checkbox"/> Cost of surgery |
| <input type="checkbox"/> Procedures offered | <input type="checkbox"/> Seminar appearance | <input type="checkbox"/> Financing options |
| <input checked="" type="checkbox"/> Internet web page | <input type="checkbox"/> Hospital referral | <input type="checkbox"/> Friendly staff |
| <input checked="" type="checkbox"/> Location of office | <input type="checkbox"/> Physician referral | <input type="checkbox"/> 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:

I wanted to look natural & normal. Dr. Rod suggested 350cc but I went w/ 300cc. I researched how big it would make me at my current ht. w/ an A breast size. I didn't want to be more than a C. The flabs definitely

Thank you for taking the time to complete this questionnaire. Added to my overall

May we share your confidential comments with prospective patients? look. 😊 Yes No

Would you like someone to call you regarding any of your responses? Yes No

Name (optional) A