

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

10

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

Yes

What was the best part about your consult?

Informative / Friendly

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

Nothing

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

Perfect

How was your experience with the anesthesiologist?

Perfect

Please indicate your experience in the recovery room:

Duration of recovery room time [ ] too short [ ] too long [x] adequate

Temperature [ ] too cold [ ] too hot [x] adequate

My pain management [ ] not enough [x] adequate

Other, please explain:

Would you return to this office if you decide to have additional surgery? [x] Yes [ ] No [ ] Uncertain

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

- Reputation of doctor, Board certification, 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

Vanessa The Best Love!!

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

Name (optional) \_\_\_\_\_