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? How would you rate your final result(s)? Excellent .9..... 8..... 7......65 4 3 2 1 Poor Would you recommend our practice to your friends? Yes No Uncertain What was the best part about your consult? S. Roduçue Fine & sike that he Why did you select Dr. Rodriguez and our office for your surgery? What else could we have done to help you prepare for your surgery? How was your experience with the anestheologist? 3 good and make me feel at ease. Please indicate your experience in the recovery room: Duration of recovery room time X 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 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:

Name (optional)

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	Disagree
I was satisfied with the information and surgical description provided by Dr. Rodriguez	Disagree
The office staff was attentive to my needs	Disagree
The OR staff was attentive to my needs	Disagree
The written materials that I received prior to surgery satisfied my needsStrongly AgreeAgreeNeutral	Disagree
I was satisfied with the way I was prepared for surgery	Disagree
I was satisfied with the care that I received the morning of surgeryStrongly AgreeAgreeNeutral	Disagree
I was satisfied with my follow-up care	Disagree
The fees for surgery were reasonable	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