Return it in the enclosed self-addressed, stamped envelope. What procedure(s) did you have performed during your most recent surgery? Breast Excellent (10).... 9..... 8..... 7...... 6 ..... 5 ..... 4 ..... 3 ..... 2..... 1 Poor How would you rate your final result(s)? Would you recommend our practice to your friends? Yes No Uncertain What was the best part about your consult? The doctor stayed in the room the whole time and talk out all concerns Why did you select Dr. Rodriguez and our office for your surgery? I seen his web site and their came in for my concelt. What else could we have done to help you prepare for your surgery? northing, everything was great. How was your experience with the anestheologist? He was ok, he did his gob correctly, but he had to poke me 2 times. Please indicate your experience in the recovery room:  $\mathbf{N}'$ Duration of recovery room time too short too long adequate Temperature adequate too cold too hot My pain management not enough adequate Other, please explain: ✓ Yes Would you return to this office if you decide to have additional surgery? □ No □ Uncertain Which of the following factors influenced you to choose Dr. Rodriguez? (check all that apply) Recommendation by friend or family Reputation of doctor Phone book ad Recommendation by salon staff Board certification, Training News article/show Technology used Print ad in: × Cost of surgery Procedures offered Seminar appearance DX/ Financing options Internet web page Ø Friendly staff Hospital referral Location of office Physician referral Other:

Thank you for taking the time to complete the following questionnaire. Please circle, check, or fill in your responses.

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	AgreeNeutralDisagree
I was satisfied with the information and surgical description provided by Dr. Rodriguez	AgreeNeutralDisagree
The office staff was attentive to my needs	AgreeNeutralDisagree
The OR staff was attentive to my needs	AgreeNeutralDisagree
The written materials that I received prior to surgery satisfied my needs Strongly Agree	AgreeNeutralDisagree
I was satisfied with the way I was prepared for surgery	AgreeNeutralDisagree
I was satisfied with the care that I received the morning of surgeryStrongly Agree	AgreeNeutralDisagree
I was satisfied with my follow-up careStrongly Agree	AgreeNeutralDisagree
The fees for surgery were reasonable	AgreeNeutral Disagree
Additional Comments:	
Thank you for taking the time to complete this questionnaire.	and i
May we share your confidential comments with prospective patients?	Ø Yes □ No
Would you like someone to call you regarding any of your responses?	□ Yes 💆 No