

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 Aug.

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?

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 then came in for my consult.

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

nothing, everything was great.

How was your experience with the anesthesiologist?

He was ok, he did his job correctly, but he had to poke me 2 times.

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:

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 type="checkbox"/> Reputation of doctor | <input type="checkbox"/> Phone book ad | <input 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 type="checkbox"/> Technology used | <input type="checkbox"/> Print ad in: _____ | <input checked="" type="checkbox"/> Cost of surgery |
| <input checked="" type="checkbox"/> Procedures offered | <input type="checkbox"/> Seminar appearance | <input checked="" type="checkbox"/> Financing options |
| <input checked="" type="checkbox"/> Internet web page | <input type="checkbox"/> Hospital referral | <input checked="" type="checkbox"/> Friendly staff |
| <input checked="" type="checkbox"/> Location of office | <input type="checkbox"/> Physician referral | <input type="checkbox"/> Other: _____ |

