Return it in the enclosed self-addressed, stamped envelope. What procedure(s) did you have performed during your most recent surgery? Excellent (10...).. 9..... 8..... 7...... 6 ..... 5 ..... 4 16 Were d havina im plants Would you recommend our practice to your friends? No Uncertain Yes What was the best part about your consult? Why did you select Dr. Rodriguez and our office for your surgery?
The Overall Plan appreciated gastric bypass patient of my Surgical needs. As What else could we have done to help you prepare for your surgery? Needed extensive performed. anestheologist > he put How was your experience with the anestheologist? loved the Asian older immediately Sleed ounger 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? Uncertain 🤇 Yes 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: office recommended by Office (bariatric Surgeor

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

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	isagree
I was satisfied with the information and surgical description	
provided by Dr. Rodriguez	isagree
The office staff was attentive to my needs	isagree
The OR staff was attentive to my needs	isagree
The written materials that I received prior to surgery satisfied my needsStrongly AgreeAgree	rical
I was satisfied with the care that I received the morning of surgeryStrongly AgreeAgreeNeutral D	isagree
I was satisfied with my follow-up careStrongly AgreeAgreeAgree	isagree
The fees for surgery were reasonable	)isagree
Additional Comments: 4th Surgeon I visited. I had already R was the 4th Surgeon WI another office. From put a deposit on surgery WI another office. From	booke, om the
ment I met Dr. R I Knew he was the perfect	Surgeor
ment I met Dr. R I Knew he was the perfect r my needs. I loved his overall plan and visio Thank you for taking the time to complete this questionnaire. my end results.	n Jop
May we share your confidential comments with prospective patients?	s 🗆 No
Would you like someone to call you regarding any of your responses.	
Name (optional)  I have charermy new 3 Surgeries & Dr. R to add	bress
Name (optional)	COL LONG