

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 Surgery.

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 Best Part was when he told me how much amount of silicone implant can put in my breast and when he told me that he can do my surgery.

Why did you select Dr. Rodriguez and our office for your surgery? Because when I was looking online I was very comfortable watching his videos and I love how he explained everything.

What else could we have done to help you prepare for your surgery? Nothing everything you guys did was perfect and excellent.

How was your experience with the anesthesiologist?

My experience with the anesthesiologist was excellent.

Please indicate your experience in the recovery room:

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

- [x] Reputation of doctor [] Phone book ad [] Recommendation by friend or family
[x] Board certification, Training [] News article/show [] Recommendation by salon staff
[x] Technology used [] Print ad in: [x] Cost of surgery
[x] Procedures offered [] Seminar appearance [x] Financing options
[x] Internet web page [] Hospital referral [x] Friendly staff
[x] Location of office [] Physician referral [] Other:

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:

Im very happy with everything and I learning that we don't need to go to different country to have a surgeon because here on USA we have a very good doctor especially Doctor Rodriguez. he is the best.

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) _____