Re	ank you for taking the time to turn it in the enclosed self-	addr	essed, s	stamped envelo	pe.				/
Wł	nat procedure(s) did you have	per	formed d	uring your most	recent	surgery?			4
1	ROW BET LIFT	(	FA	T INJEC	TION	1 TO F.	ACE		
Ho	w would you rate your final re	esult(	s)?	Excelle	ent (10)	98	. 76	5 4 3	2 1 Poor
	ould you recommend our prac			riends?	(	Yes)	No		Uncertain
Wh	nat was the best part about yo	our c	onsult?						
	FRIENDRY					RODR ,	GUEZ	HE IS A	ARTIST
VVr	ny did you select Dr. Rodrigue	ez an	d our off	ice for your surg	ery?				
	DEC MENNEN	12.1	1701	air		<i>ଲା</i>	12 PRE	י הפנח נימו	UORK TONE
-Wi	RECOMENDED	to he	lp vou pr	epare for your si	urgery?	744	15 one	VIOUS A	DOKK YONE
			.p you p	oparo for your or	argory.				
Ho	w was your experience with t	he a	nestheol	ogist?	MAS	LAB M	AS NO	PROBLE,	u using
					1000	200			
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(R	ease indicate your experience	ın u	ie recove	ery room: RE	GUE	JWAS	SISN	OREK	JAY KRM
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Ple	ease indicate your experience	ın u	ie recove	ery room: RE	GUE	JWAS	SISN	OREK	7 7 FKM
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Ple	Duration of recovery room	ın u		too short	BUE	too long	SIGM Ø	adequate	7 7 FKM
Ple	Duration of recovery room  Temperature  My pain management	ın u		too short	BUE	too long	SIGM Ø	adequate	THE PERM
Ple	Duration of recovery room  Temperature  My pain management	ın u		too short	BUE	too long	SIGM Ø	adequate	JAY KKM
	Duration of recovery room Temperature My pain management Other, please explain:	time		too short too cold not enough	BUE 0	too long too hot adequate	SIGM Ø	adequate	on y prem
	Duration of recovery room  Temperature  My pain management	time		too short too cold not enough	BUE 0	too long too hot adequate	S I S AN	adequate	□ Uncertain
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Wc	Duration of recovery room Temperature My pain management Other, please explain:  ould you return to this office if nich of the following factors in eck all that apply)	you	decide to	too short too cold not enough  have additional to choose Dr. Ro	BUE.	too long too hot adequate	Yes	adequate adequate	□ Uncertain
Wo	Duration of recovery room Temperature My pain management Other, please explain:	you	decide to	too short too cold not enough  have additional to choose Dr. Ro	BUE.	too long too hot adequate	Yes  Recomme	adequate adequate  Do  No endation by fr	□ Uncertain
Wc Wh (ch	Duration of recovery room Temperature My pain management Other, please explain:  ould you return to this office if nich of the following factors in eck all that apply) Reputation of doctor	you	decide to	too short too cold not enough  have additional to choose Dr. Ro	BUE.	too long too hot adequate	Yes  Recomme	adequate adequate  No  endation by freedation by sa	□ Uncertain
Wc Wh (ch	Duration of recovery room Temperature My pain management Other, please explain:  Ould you return to this office if nich of the following factors in eck all that apply) Reputation of doctor Board certification, Training	you	decide to ced you  Phone I  News a  Print ad	too short too cold not enough  have additional to choose Dr. Robook ad rticle/show in:	BUE.	too long too hot adequate	Yes  Recomme Recomme Cost of su	adequate adequate  adequate  No endation by frendation by sa	□ Uncertain
Wr (ch	Duration of recovery room Temperature My pain management Other, please explain:  ould you return to this office if nich of the following factors in eck all that apply) Reputation of doctor Board certification, Training Technology used Procedures offered	you fluen	decide to ced you  Phone I  News a  Print ad  Semina	too short too cold not enough to choose Dr. Robook ad rticle/show in:	BUE.	too long too hot adequate	Yes  Recomme Recomme Cost of su Financing	adequate adequate adequate  No endation by frendation by sargery options	□ Uncertain
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Were your telephone calls to our office handled to your satisfaction?  ☐ Yes ☐ No Comments:	,
Were you satisfied with the way your surgery was scheduled?	
How well do you agree with the following statements? (If any item d	oes not apply, leave blank)
The amount of time that I had to wait to get a consultation	
with Dr. Rodriguez was reasonable.	Strongly AgreeNeutralDisagree
I was satisfied with the information and surgical description	
provided by Dr. Rodriguez	Strongly AgreeAgreeNeutral Disagree
The office staff was attentive to my needs.	Strongly AgreeAgreeNeutral Disagree
The OR staff was attentive to my needs . ANESTREOLUGIST	Strongly AgreeAgreeDisagree
The written materials that I received prior to surgery satisfied my needs	Strongly AgreeAgreeNeutral Disagree
I was satisfied with the way I was prepared for surgery	Strongly AgreeAgreeNeutralDisagree
I was satisfied with the care that I received the morning of surgery	Strongly AgreeAgreeNeutral Disagree
I was satisfied with my follow-up care.	Strongly AgreeAgreeNeutral Disagree
The fees for surgery were reasonable.	Strongly AgreeAgreeNeutral Disagree
Additional Comments:	
	The second secon
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 response	s? □ Yes Ѿ No

Name (optional)