

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?

Lipo

How would you rate your experience? 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 of your consult?

research

Why did you select Dr. Rodriguez and our office for your surgery?

nothing

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

great

How was your experience with the anesthesiologist?

Please indicate your experience in the recovery room?

- Duration of room time [] Too Short [] Too Long [x] Adequate
Temperature [] Too Short [] Too Long [x] Adequate
My Pain Management [] Too Short [] Adequate [x] 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)

- [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: [] Cost of surgery
[] Procedures offered [] Seminar appearance [] Financing options
[] Internet web page [] Hospital referral [] Friendly staff
[x] Location of office [] Physician referral [] Other:

Were your telephone calls to our office handled to your satisfaction?

Comments:

Yes

No

