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?								
(100								
How would you rate your experience? Excellent10987654321 Poor								
Would you recommend our p	Yes		No	Uncertain				
What was the best part of you	ur co	onsult?						
research								
Why did you select Dr. Rodriguez and our office for your surgery?								
What else could we have done to help you prepare for your surgery?								
What else could we have done to help you prepare for your surgery?								
great								
How was your experience with the anesthesiologist?								
	.							
Please indicate your experier	ice i	n the recovery room?						
Duration of room time	☐ Too Short		☐ Too Long		Adequate			
Temperature	☐ Too Short		☐ Too Long		☐ Adequate			
My Pain Management	☐ Too Short		☐ Adequate		⁴⊟ 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)								
☐ Reputation of doctor		Phone book ad			Recommendation by frie	end or family		
☐ Board certification, Training		News article/show			Recommendation by sal	on 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:			
Were your telephone calls to our office handled to your satisfaction?								
		nents:	Cationaction!		è			

Were you satisfied with the way your surgery was scheduled? Comments:	Yes No
Were you satisfied with the way you were treated by the office staff? Comments:	Yes No
Were you satisfied with the way you were treated by Dr. Rodriguez during your consulta Comments:	tion? Yes No
How well do you agree with the following statements? (If any item does not apply, leave	blank)
The office is attractive and comfortableStrongly AgreeAgree	
The amount of time that I had to wait to get a consultation with Dr. Rodriguez was reaso	nable
	Disagree
I was satisfied with the information and surgical description provided by Dr. Rodriguez.	į.
	Disagree
The office staff was attentive to my needsAgree	Disagree
The OR staff was attentive to my needsStrongly AgreeAgree	eDisagree
The written materials that I received prior to surgery satisfied my needs	
	Disagree
I was satisfied with the way I was prepared for surgeryStrongly AgreeAgree	eDisagree
I was satisfied with the care that I received the morning of surgery	
Strongly AgreeAgree	eDisagree
I was satisfied with my follow-up careStrongly AgreeAgree	Disagree
The fees for surgery were reasonableStrongly AgreeAgre	eDisagree
Additional Comments:	
Thank you for taking the time to complete this ques	tionnaire
question and quest	
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)	
	. de