

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?

thoracic lift, posterior back lift and Butt lift

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  
most definitely

No

Uncertain

What was the best part about your consult?

Dr Rodriguez took the time to explain what he planned to do.

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

Doctor Rodriguez is a very knowledgeable and skilled surgeon. He had no death or malpractice claims. Also his plastic surgery certification is indefinite

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

nothing, with all the information I received I was very well prepared

How was your experience with the anesthesiologist?

no issues

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?

most definitely I will not go anywhere else  Yes  No  Uncertain

Which of the following factors influenced you to choose Dr. Rodriguez?

(check all that apply)

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

Other: before and after results on his webpage as well as videos on procedures and Blogs.

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:

Dr Rodriguez is very generous with the discounts he have given me. although I could have gotten surgery all of what I did in florida and in Dominican Republic for less than 15,000 I will not trade Dr Rodriguez for no other surgeon. He have given me amazing results. I love my surgeon to the moon and back.

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) mc