

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?

lateral Brow lift, lip lift, corner lip lift, Fat transfer to face

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?

information provided; Convenience; Dr. R's Knowledge/ experience with procedures

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

His experience with fat transfer

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

nothing

How was your experience with the anesthesiologist?

excellent - she was exceptional

Please indicate your experience in the recovery room:

- | | | | | | | | |
|--------------------------------|--------------------------|------------|-------------------------------------|----------|--------------------------|----------|---------|
| Duration of recovery room time | <input type="checkbox"/> | too short | <input type="checkbox"/> | too long | <input type="checkbox"/> | adequate | Unknown |
| Temperature | <input type="checkbox"/> | too cold | <input type="checkbox"/> | too hot | <input type="checkbox"/> | adequate | Unknown |
| My pain management | <input type="checkbox"/> | not enough | <input checked="" type="checkbox"/> | adequate | | | |

Other, please explain:

I do not recall my recovery room experience, but felt that when I was released I was adequately "aware" and "awake"

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)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Reputation of doctor | <input type="checkbox"/> Phone book ad | <input type="checkbox"/> Recommendation by friend or family |
| <input checked="" type="checkbox"/> Board certification, Training | <input type="checkbox"/> News article/show | <input type="checkbox"/> Recommendation by salon staff |
| <input type="checkbox"/> Technology used | <input type="checkbox"/> Print ad in: _____ | <input checked="" type="checkbox"/> Cost of surgery (including travel) |
| <input checked="" type="checkbox"/> Procedures offered | <input type="checkbox"/> Seminar appearance | <input type="checkbox"/> Financing options |
| <input checked="" type="checkbox"/> Internet web page | <input type="checkbox"/> Hospital referral | <input type="checkbox"/> Friendly staff |
| <input checked="" type="checkbox"/> Location of office | <input type="checkbox"/> Physician referral | <input checked="" type="checkbox"/> Other: <u>most importantly, his experience with fat transfer and lip lifts</u> |

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:

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) B.