

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?

Corner lip lift

How would you rate your experience? Excellent10...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?

Professional / close to my home / Very clean

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

experience

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

all good

How was your experience with the anesthesiologist?

Awesome, however not needed for my procedure

Please indicate your experience in the recovery room?

Duration of room time Too Short Too Long Adequate

Temperature Too Short Too Long Adequate

My Pain Management Too Short Adequate Adequate

Other, please explain:

not needed

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 checked="" type="checkbox"/> Technology used | <input type="checkbox"/> Print ad in: _____ | <input checked="" type="checkbox"/> Cost of surgery |
| <input type="checkbox"/> Procedures offered | <input checked="" type="checkbox"/> Seminar appearance | <input type="checkbox"/> Financing options |
| <input checked="" type="checkbox"/> Internet web page | <input type="checkbox"/> Hospital referral | <input checked="" type="checkbox"/> Friendly staff |
| <input checked="" type="checkbox"/> Location of office | <input type="checkbox"/> Physician referral | <input type="checkbox"/> Other: _____ |

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

Yes No

Comments:

see you all for next procedure... lol

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 consultation?

Comments:

Yes

No

How well do you agree with the following statements? (If any item does not apply, leave blank)

The office is attractive and comfortable.....Strongly Agree Agree.....Neutral.....Disagree

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:

Be Safe

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)