

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.

revision umbilical scar

What procedure(s) did you have performed during your most recent surgery?

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?
Dr. Rodriguez + staff

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

What else could we have done to help you prepare for your surgery?
Pre-phone call to double check everything,

How was your experience with the anesthesiologist? *excellent*

Please indicate your experience in the recovery room? *don't remember!*

- 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:

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 friend or family
- Board certification, Training News article/show Recommendation by salon 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?

Yes No

Comments:

Were you satisfied with the way your surgery was scheduled? Yes No
Comments:

Were you satisfied with the way you were treated by the office staff? Yes No
Comments:

Were you satisfied with the way you were treated by Dr. Rodriguez during your consultation? Yes No
Comments:

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

The office is attractive and comfortable.....	<input checked="" type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
The amount of time that I had to wait to get a consultation with Dr. Rodriguez was reasonable.....	<input checked="" type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
I was satisfied with the information and surgical description provided by Dr. Rodriguez.....	<input checked="" type="radio"/> Strongly Agree	<input checked="" type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
The office staff was attentive to my needs.....	<input checked="" type="radio"/> Strongly Agree	<input checked="" type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
The OR staff was attentive to my needs.....	<input type="radio"/> Strongly Agree	<input checked="" type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
The written materials that I received prior to surgery satisfied my needs.....	<input type="radio"/> Strongly Agree	<input checked="" type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
I was satisfied with the way I was prepared for surgery.....	<input type="radio"/> Strongly Agree	<input checked="" type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
I was satisfied with the care that I received the morning of surgery.....	<input checked="" type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
I was satisfied with my follow-up care.....	<input checked="" type="radio"/> Strongly Agree	<input type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree
The fees for surgery were reasonable.....	<input type="radio"/> Strongly Agree	<input checked="" type="radio"/> Agree	<input type="radio"/> Neutral	<input type="radio"/> Disagree

Additional Comments: *thank you!*

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) _____