

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?

*lipo.*

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?

*Friendly staff from front office to operating room*

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

*Return Patient*

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

How was your experience with the anesthesiologist?

*Great, he made me feel so relaxed.*

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:

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 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 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:

