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?									
DP1									
_ BBL									
How would you rate your experience? Excellent10987654321 Poor									
Would you recommend our practice to your friends? Yes No Uncertain									
What was the best part of your consult?									
The honesty									
Why did you select Dr. Rodriguez and our office for your surgery?									
Had prov surgery with him.									
What else could we have done to help you prepare for your surgery?									
Do something about heavy door									
How was your experience					1.				
				i i	& profes	(100.1			
Please indicate your experience in the recovery room?									
Flease indicate your expe	101100	in the receivery				a.			
Duration of room time		o Short	□ Too Long		☐ Adequate				
Temperature	☐ Too Short ☐ Too Long ☐ Adequa		dequate						
My Pain Management		o Short	☐ Adequate		☑ Adequate				
Other, please explain:									
Other, piedde explain.									
Would you return to this of	fice if y	ou decide to have a	additional surger	ry?	Yes No	o Uncertain			
Which of the following factors influenced you to choose Dr. Rodriguez?									
(check all that appl	או ם	Phone book ad			Recommendation	by friend or family			
☐ Board certification, Training		News article/show			Recommendation				
☐ Jechnology used		Print ad in:			Cost of surgery				
☐ Procedures offered		Seminar appearance			Financing options	1			
☐ Internet web page		Hospital referral	2		Friendly staff				
☐ Location of office		Physician referral			Other:				
	_	,	,	_					
Were your telephone calls	to our	office handled to you	ur satisfaction?						
vvoic your telephone dalls		ments:	a. Janoraonon!	156					
(Yes) No				•					

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 comfortableStrongly AgreeAgree	Neutral	Disagree					
The amount of time that I had to wait to get a consultation with Dr. Rodriguez was reasonable Strongly AgreeAgree							
I was satisfied with the information and surgical description provided by Dr. Rodriguez.							
The office staff was attentive to my needsStrongly AgreeAgree							
The OR staff was attentive to my needsStrongly AgreeAgree	Neutral	.Disagree					
The written materials that I received prior to surgery satisfied my needs	Neutral	Disagree					
I was satisfied with the way I was prepared for surgeryStrongly AgreeAgree							
I was satisfied with the care that I received the morning of surgery							
Strongly AgreeAgree	Neutral	.Disagree					
I was satisfied with my follow-up careStrongly AgreeAgree		-					
The fees for surgery were reasonableStrongly AgreeAgree							
Additional Comments:							
Thank you for taking the time to complete this question	naire.						
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) // U							