

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?

lip lift, breast augmentation

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?

How thorough and respectful Dr. Rodriguez and staff ~~were~~ ^{were}

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

Because of photos of lip lifts

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

nothing

How was your experience with the anesthesiologist?

Great

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: *I have no memory of being in a recovery room.*

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
- Board certification, Training
- Technology used
- Procedures offered
- Internet web page
- Location of office
- Phone book ad
- News article/show
- Print ad in: _____
- Seminar appearance
- Hospital referral
- Physician referral
- Recommendation by friend or family
- Recommendation by salon staff
- Cost of surgery
- Financing options
- Friendly staff
- Other: _____

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

(Yes) No

Comments:

