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, bor	east augmen	tahai					
How would you rate your experience? Excellent							
Would you recommend our	practice to your friends?	Yes	No	Uncertain			
What was the best part of y	our consult?						
How therough o	and respectful	Dr. Rod	viquet a	of staff we			
Why did you select Dr. Rod							
Because of	photos of	up UPIS					
What else could we have done to help you prepare for your surgery?							
How was your experience w							
How was your experience w	with the anesthesiologist?						
Great							
Please indicate your experie	ence in the recovery room	1?		· · · · · · · · · · · · · · · · · · ·			
Duration of room time	☐ Too Short	☐ Too Long	Too Long ☐ Adequate				
Temperature	☐ Too Short	☐ Too Long		Adequate			
	☐ Too Short	☐ Adequate		Adequate			
Other, please explain:	I have no me vecovery room.	may of	bay in	<u> </u>			
_	1						
Would you return to this office	ce if you decide to have a	dditional surgery?	Yes N	lo Uncertain			
Which of the following factor (check all that apply)		se Dr. Rodriguez?	Commence of the second				
Reputation of doctor	Phone book ad		Recommendatio	n by friend or family			
Board certification, Training	☐ News article/show	. 🗆	Recommendatio	n by salon staff			
☐ Technology used	Print ad in:		Cost of surgery				
Procedures offered	☐ Seminar appearance		Financing option	S			
☐ Internet web page	Hospital referral	Ħ	Friendly staff				
☐ Location of office	Physician referral		Other:				
a 8 ° °				1			
Were your telephone calls to	o our office handled to you Comments:	ır satisfaction?	,				
Yes No	Comments.						

Were you satisfied with the way your surgery was sched Comments:	duled?		Yes	No				
Were you satisfied with the way you were treated by the Comments:	office staff?		Yes	No				
Were you satisfied with the way you were treated by Dr. Comments:	Rodriguez during your co	onsultation?	Yes	No 1, 1 v				
How well do you agree with the following statements? (I The office is attractive and comfortable	on with Dr. Rodriguez was	Agree						
I was satisfied with the information and surgical descript			.Neutral	Disagree				
	Strongly Agree	.Agree	.Neutral	Disagree				
The office staff was attentive to my needs								
The OR staff was attentive to my needs.		-		-				
The written materials that I received prior to surgery satisfied my needs								
		Aaree	Neutral	Disagree				
I was satisfied with the way I was prepared for surgeryStrongly AgreeAgreeAgreeNeutralDisagree 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:	<u> </u>							
		*						
The plane of the least the C								
Thank you for taking the time to complete this questionnaire.								
May we share your confidential comments with pro-	ospective patients?		Yes 🗆	No				
Would you like someone to call you regarding any	of your responses?		Yes 🗆	No				
				,				

Name (optional)