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?

Mastopexy

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?

Knowledge of Dr Rodriguez

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

I believed he was extremely knowledgable and safe.

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

How was your experience with the anesthesiologist?

Good. No pain for hours after procedure then minimal pain later

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*)

☑ 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..... Strongly Agree..... Agree..... Neutral..... Disagree

The amount of time that I had to wait to get a consultation with Dr. Rodriguez was reasonable
..... Strongly Agree..... Agree..... Neutral..... Disagree

I was satisfied with the information and surgical description provided by Dr. Rodriguez.
..... Strongly Agree..... Agree..... Neutral..... Disagree

The office staff was attentive to my needs..... Strongly Agree..... Agree..... Neutral..... Disagree

The OR staff was attentive to my needs. ..... Strongly Agree..... Agree..... Neutral..... Disagree

The written materials that I received prior to surgery satisfied my needs..
..... Strongly Agree..... Agree..... Neutral..... Disagree

I was satisfied with the way I was prepared for surgery..... Strongly Agree..... Agree..... Neutral..... Disagree

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

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Additional Comments:

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) E