

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*

How would you rate your final result(s)? 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 about your consult?

*Everything was great*

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

*Because of his reviews of this procedure*

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

*Nothing, it was perfect*

How was your experience with the anesthesiologist?

*NA - I didnt need one*

Please indicate your experience in the recovery room:

- Duration of recovery room time  too short  too long  adequate
- Temperature  too cold  too hot  adequate
- My pain management  not enough  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:

How well do you agree with the following statements? (If any item does not apply, leave blank)

- 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

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) *[Signature]*

*Jan 2019*