

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?

Lower bleph

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?

All my questions were answered; understood expectations

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

N/A

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

Great, he was very informative

How was your experience with the anesthesiologist?

Please indicate your experience in the recovery room:

Duration of recovery room time [] too short [] too long [x] adequate

Temperature [] too cold [] too hot [x] adequate

My pain management [] not enough [x] adequate

Other, please explain:

Would you return to this office if you decide to have additional surgery? [x] Yes [] No [] Uncertain

Which of the following factors influenced you to choose Dr. Rodriguez? (check all that apply)

- [x] Reputation of doctor [] Phone book ad [x] Recommendation by friend or family
[x] Board certification, Training [] News article/show [] Recommendation by salon staff
[] Technology used [] Print ad in: [x] Cost of surgery
[] Procedures offered [] Seminar appearance [] Financing options
[x] Internet web page [] Hospital referral [x] 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:

Was able to book surgery soon after consult.

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:

Happy with results so far, looking forward to 3 month post op appointment to see before and after pictures.

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) ↑