

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?

fat transfer, corner lift, lip lift

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?

Dr. Rodriguez listened to all my questions and answered them thoroughly.

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

His website has specific information regarding fat transfer and his technique.

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:

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?

Comments:

Yes No

Were you satisfied with the way your surgery was scheduled?

Comments:

Yes

No

Were you satisfied with the way you were treated by the office staff?

Comments:

Yes

No

Were you satisfied with the way you were treated by Dr. Rodriguez during your consultation?

Comments:

Yes

No

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

Additional Comments:

*I am very happy with my results!*

**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) S