

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?

Breast Reduction + Lipo

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?

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

Knowledge

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

nothing

How was your experience with the anesthesiologist?

good

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:

I don't remember anything

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)

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Reputation of doctor          | <input type="checkbox"/> Phone book ad      | <input type="checkbox"/> Recommendation by friend or family |
| <input checked="" type="checkbox"/> Board certification, Training | <input type="checkbox"/> News article/show  | <input type="checkbox"/> Recommendation by salon staff      |
| <input type="checkbox"/> Technology used                          | <input type="checkbox"/> Print ad in: _____ | <input type="checkbox"/> Cost of surgery                    |
| <input type="checkbox"/> Procedures offered                       | <input type="checkbox"/> Seminar appearance | <input type="checkbox"/> Financing options                  |
| <input type="checkbox"/> Internet web page                        | <input type="checkbox"/> Hospital referral  | <input type="checkbox"/> Friendly staff                     |
| <input type="checkbox"/> Location of office                       | <input type="checkbox"/> Physician referral | <input type="checkbox"/> 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

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) \_\_\_\_\_