

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?

Lipo 360

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?

The honesty of the expectations

The reassurance & the confidence he demonstrated while expressing I will be pleased with the results.

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

A friend had surgery done by Dr. Rodriguez & after doing my research & seeing his work first hand, I felt confident in his skills

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

I feel that my expectations were met.

I would also like to point out that the ladies up front are very professional, personable, & courteous.

How was your experience with the anesthesiologist? He was great. Put me at ease.

Great personality, while still being professional.

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:

Every encounter I had w/ each individual has been a positive one.

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:

The staff is very professional, yet very courteous as well.

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

Yes

No

Comments:

He was very professional, informative, & explanatory

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 all for your professionalism, courtesy, & being so helpful & personable.

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)