

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?

*Explanation of the procedure including risk factors.*

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

*See below all conversation w/ doctor.*

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

How was your experience with the anesthesiologist? good!

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:

*Great staff and doctor!*

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) \_\_\_\_\_

*Jan 2019*