

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 Augmentation & Liposuction of the Flanks

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?

Dr. Rodriguez explained everything in details and made me feel comfortable about my decision.

Friends had Breast implants & they had all good words.

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

Good

How was your experience with the anesthesiologist?

I don't remember anything in Recovery Room.

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:

The staff is extremely pleasant and easy to work with.

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:

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)