T r	hank you for taking the timesponses. Return it in the	e to	complete sed self-	e the followin -addressed, s	g questionnaire. stamped envelop	Please o	circle, checl	k, or fill in your
V	Vhat procedure(s) did you	have	perform	ed during yo	ur most recent si	irgery?		
	B-		Face	2 fait				
- -	ow would you rate your ex	perie	ence?	Excellent .	(10)987	65	43	21 Poor
	Vould you recommend our			our friends?	Yes		No	Uncertain
V	Vhat was the best part of y	bur c	onsult?		\.O.d	1 ~ i(c)_	
		52.0	E	iery one	Were how	7110		
V	Vhy did you select Dr. Rod	rigue	z and ou	ır office for yo	our surgery?			
				Yes		٠		
٧	Vhat else could we have do	ne to	help yo	ou prepare fo	r your surgery?			
			019					
Н	ow was your experience w	ith th	e anestl	nesiologist?	5			
	' I		54	celler	ě			
P	ease indicate your experie	nce	in the re	covery room	?			
D	uration of room time	□ то	o Short		☐ Too Long		Adec	quate
T	emperature	□ То	o Short		☐ Too Long		Adec	quate
M	y Pain Management	□ То	o Short		☐ Adequate		√ Adec	ıuate
0	ther, please explain:							
W	ould you return to this offic	e if y	ou decid	de to have ac	lditional surgery?	Yes	No	Uncertain
W	hich of the following factor (check all that apply)		-		e Dr. Rodriguez?	70,100		
Q			Phone bo				•	riend or family
9	Board certification, Training		News art				nendation by s	salon staff
9	Technology used		Print ad i			Cost of s	• .	
	Procedures offered			appearance			g options	
ŋ	Internet web page Location of office		Hospital r			Friendly	staff	Access of the Control
J	/Lucation of office		Physician	relenal		Other: _	Mu	
W	ere your telephone calls to			ndled to your	satisfaction?			
	Yes	Com	ments:					

Were you satisfied with the way your surgery was sche Comments:	eduled?	Yes	No
Were you satisfied with the way you were treated by the Comments:	ne office staff?	Yes	No
Were you satisfied with the way you were treated by D Comments:	r. Rodriguez during your consultation	on? Yes	No
How well do you agree with the following statements?			
The office is attractive and comfortable			Disagree
The amount of time that I had to wait to get a consultate			
		Neutral	Disagree
I was satisfied with the information and surgical descri			
	Strongly AgreeAgree	Neutral	Disagree
The office staff was attentive to my needs	Strongly AgreeAgree.	Neutral	Disagree
The OR staff was attentive to my needs		Neutral	Disagree
The written materials that I received prior to surgery sa	atisfied my needs		
	Strongly AgreeAgree.	Neutral	Disagree
I was satisfied with the way I was prepared for surgery	Strongly AgreeAgree.	Neutral	Disagree
I was satisfied with the care that I received the morning	g of surgery		
	Strongly AgreeAgree.	Neutral	Disagree
I was satisfied with my follow-up care	Strongly AgreeAgree.	Neutral	Disagree
The fees for surgery were reasonable	AgreeAgree	Neutral	Disagree
Additional Comments:			
please que my nam	ve or number or St	one my p	cture
please give my name to any of your patients.	Thank you		
	time to complete this quest		
you lot taking the	une to complete tills quest		
May we share your confidential comments with p	rospective patients?	yes [J No
Would you like someone to call you regarding an	y of your responses?	(Yes [J No
	STATE OF THE STATE		
Name (optional)			
U			