

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?

Fat Injection

How would you rate your experience? Excellent ... 10... 9... 8... 7... 6... 5... 4... 3... 2... 1 Poor

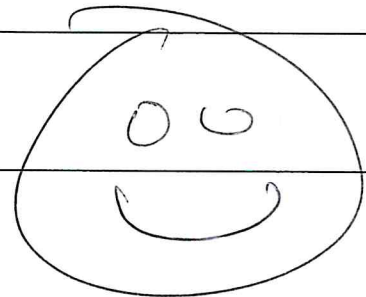
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Would you recommend our practice to your friends? Yes No Uncertain

Yes

What was the best part of your consult?

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



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

How was your experience with the anesthesiologist?

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: *Great*

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
- Board certification, Training
- Technology used
- Procedures offered
- Internet web page
- Location of office
- Phone book ad
- News article/show
- Print ad in: _____
- Seminar appearance
- Hospital referral
- Physician referral
- Recommendation by friend or family
- Recommendation by salon staff
- Cost of surgery
- Financing options
- Friendly staff
- Other: _____

Were your telephone calls to our office handled to your satisfaction?

Yes No

Comments:

