

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?

REMOVAL OF BREAST IMPLANT

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?

DR. RODRIGUEZ

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

Great Reviews And recommendation.

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

Nothing

How was your experience with the anesthesiologist?

Excellent

Please indicate your experience in the recovery room?

- Duration of room time, Temperature, My Pain Management. Options: Too Short, Too Long, 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, 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:

Everyone is very professional

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:

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

Yes

No

Comments:

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:

*Great Experience*

**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) \_\_\_\_\_

*[Signature]*