



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?

Full Tummy Tuck, Breast Lift w/ Aug and Lipo 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 and have! No Uncertain

What was the best part about your consult? I felt like Dr. R. really took his time to listen to my thoughts on what I wanted out of surgery. He was very detailed on what could and could not be accomplished.

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

I had several consults over the last several years and came back because of Dr. R. expertise and knowledge. His web blogs are very informative

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

I felt fully prepared, the office staff is fantastic. Each person I met with was warm and made me feel very comfortable

How was your experience with the anesthesiologist?

Very good, he explained in detail what was going to happen, and my surgery went perfectly

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: \_\_\_\_\_

His website is so informative and his expertise shines through!

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. Almost no wait  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: I waited a very long time to finally have this surgery. I could not be happier, the results are amazing. The people I've shared this with are as amazed as I am. I would and have highly recommend your practice to others because it was the entire experience, just

Thank you for taking the time to complete this questionnaire. fantastic!

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) L