

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?

*Corner Lip Lift*

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?

*Everything was Great - Doctor + Staff*

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

*Expert in Lip Lift Surgery*

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

*Nothing*

How was your experience with the anesthesiologist?

*Great Didn't feel surgery being performed*

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)

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

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. ☒ 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)

☒