

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?

Brazilian Butt 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?

The constant professionalism, willingness to answer any questions and friendliness of practice

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

We only wanted the best and did all the research

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

Everything was great

How was your experience with the anesthesiologist?

Great

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: _____

