

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.**

*Breast Capsule Repair.*

What procedure(s) did you have performed during your most recent surgery?

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?

*Dr. Rodriguez was very straight forward and didn't set unrealistic expectations -*

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

*I use him for migraine shots.*

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

*Nothing.*

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)

- |   |   |   |
|---|---|---|
| <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 type="checkbox"/> Technology used                          | <input type="checkbox"/> Print ad in: _____ | <input type="checkbox"/> Cost of surgery                    |
| <input 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 type="checkbox"/> Location of office                       | <input type="checkbox"/> Physician referral | <input type="checkbox"/> Other: <i>Confident in his wk.</i> |

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?

No Need.

Yes     No

Name (optional) M