

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?

Dr. Rodriguez of course!

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

He's the best

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

~~Great~~ *Nothing. Everything was very thorough*

How was your experience with the anesthesiologist?

Great

Please indicate your experience in the recovery room:

- | | | | |
|--------------------------------|-------------------------------------|--|--|
| Duration of recovery room time | <input type="checkbox"/> too short | <input type="checkbox"/> too long | <input checked="" type="checkbox"/> adequate |
| Temperature | <input type="checkbox"/> too cold | <input type="checkbox"/> too hot | <input checked="" type="checkbox"/> adequate |
| My pain management | <input type="checkbox"/> not enough | <input checked="" type="checkbox"/> 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 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 type="checkbox"/> Friendly staff |
| <input type="checkbox"/> Location of office | <input type="checkbox"/> Physician referral | <input type="checkbox"/> Other: _____ |

