Thank you for taking the time to Return it in the enclosed self	con -add	nplete th	ne following questi stamped envelo	onnaire pe.	e. Please	circle, che	eck, or fill in y	our responses.	
What procedure(s) did you have	e pe	rformed	during your most	recent	surgery?				
breast	7	ugn	entation	1	(PO				
How would you rate your final result(s)? Excellent 109									
Would you recommend our practice t					Yes		0	Uncertain	
What was the best part about your consult?									
Why did you select Dr. Rodriguez and our office for your surgery?									
What else could we have done to help you prepare for your surgery?									
vvnat else could we have done to help you prepare for youk surgery?									
mothing									
How was your experience with the anestheologist?									
Great so nice!									
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		adequa	te			
Other, please explain:									
	7	Sur.	16						
Would you return to this office if you decide to have additional surgery?									
Which of the following factors in (check all that apply)	fluen	iced you	to choose Dr. Ro	drigue	z?				
Reputation of doctor		Phone	book ad			Recomm	endation by fri	end or family	
☐ Board certification, Training		News article/show				Recommendation by salon staff			
✓ Technology used		Print ad in:			Ċν	Cost of surgery			
□ Procedures offered		Seminar appearance				Financing options			
☑ Internet web page		Hospital referral				Friendly staff			
Location of office		Physic	ian referral			Other:			

Name (optional) <u>k</u>

1,80									
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 AgreeNeutral Disagree								
The office staff was attentive to my needs.	Strongly AgreeAgreeNeutralDisagree								
The OR staff was attentive to my needs	trongly Agree AgreeNeutral Disagree								
The written materials that I received prior to surgery satisfied my needs	Strongly Agree Neutral Disagree								
I was satisfied with the way I was prepared for surgery.	Strongly AgreeNeutralDisagree								
I was satisfied with the care that I received the morning of surgeryStrongly AgreeAgreeNeutralDisagree									
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?									