

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?

Breast Augmentation

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?

Friendly staff (office/Dr./Nurse/Anestheologist.)

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

Years of experience + Honest price.

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

I was well informed. Thank you.

How was your experience with the anestheologist?

Very Good. Made me feel very comfortable.

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: \_\_\_\_\_

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)   N  

