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? Modified (1.5 mm) (p) ift for the purpose of exciting a scar (cr					
How would you rate your experience? Excellent					
Would you recommend our practice to your friends? (Yes No Uncertain					
What was the best part of your consult? Great preop appt Why did you select Dr. Rodriguez and our office for your surgery?					
Red Set - I made a good veriew post op					
What else could we have done to help you prepare for your surgery? Maybe a little Closer Contact - like another call over the					
How was your experience with the anesthesiologist?					
Please indicate your expense	rience in the recovery roo	m? Wa			
Duration of room time	☐ Too Short	☐ Too Long	□-Adequate		
Temperature	☐ Too Short	☐ Too Long	☐ Adequate		
My Pain Management	☐ Too Short	Adequate	□ 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	Ð	Friendly staff		
☐ Location of office	☐ Physician referral		Other:		
Were your telephone calls to our office handled to your satisfaction?					
Yes No	Comments:	ui satisfaction?	,		

Were you satisfied with the way your surgery was scheduled? Comments:		No
Were you satisfied with the way you were treated by the office staff? Comments:	Yes	No
Were you satisfied with the way you were treated by Dr. Rodriguez during your consultation?	(Yes)	No
Comments:	Attt+	
How well do you agree with the following statements? (If any item does not apply, leave blank) The office is attractive and comfortable		Disagree
Strongly Agree	Neutral	Disagree
I was satisfied with the information and surgical description provided by Dr. Rodriguez.	Noutral	Dieagrae
The office staff was attentive to my needsStrongly AgreeAgree The OR staff was attentive to my needsStrongly AgreeAgreeAgree The written materials that I received prior to surgery satisfied my needs Strongly AgreeAgreeAgreeAgreeAgreeAgree	Neutral	.Disagree .Disagree
I was satisfied with the care that I received the morning of surgery Strongly Agree		* *
I was satisfied with my follow-up care	Neutral	Disagree
Additional Comments: I with I hadit had to pay the s Costas a full lip lift— but to is so wice, you wont hear me	ane he vesu Comp	St lain.
Thank you for taking the time to complete this question	/	
May we share your confidential comments with prospective patients? Would you like someone to call you regarding any of your responses?	Yes T	No No

Name (optional)