

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) lift for the purpose of excising a scar / crease

How would you rate your experience? Excellent (10) 9 8 7 6 5 4 3 2 1 Poor

Would you recommend our practice to your friends?

(Yes) already did! No Uncertain

What was the best part of your consult?

Dr. Rodriguez - great preop appt - great consult - great result

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

Real self - I made a good review post op.

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

maybe a little closer contact - like another call preop.

How was your experience with the anesthesiologist?

na

Please indicate your experience in the recovery room?

na

- |                       |                                    |                                   |                                   |
|-----------------------|------------------------------------|-----------------------------------|-----------------------------------|
| Duration of room time | <input type="checkbox"/> Too Short | <input type="checkbox"/> Too Long | <input type="checkbox"/> Adequate |
| Temperature           | <input type="checkbox"/> Too Short | <input type="checkbox"/> Too Long | <input type="checkbox"/> Adequate |
| My Pain Management    | <input type="checkbox"/> Too Short | <input type="checkbox"/> Adequate | <input 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 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 checked="" type="checkbox"/> Procedures offered            | <input type="checkbox"/> Seminar appearance | <input type="checkbox"/> Financing options                  |
| <input checked="" 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: _____                       |

Were your telephone calls to our office handled to your satisfaction?

(Yes) No

Comments:

