

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?

Fat grafting / Lip lift

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

No

Uncertain

What was the best part of your consult?

time the doctor took

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

Recommended by filler injector

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

nothing

didn't realize the numbness I would have

How was your experience with the anesthesiologist?

great

Please indicate your experience in the recovery room?

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

Friendly staff

Location of office

Physician referral

Other: \_\_\_\_\_

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

Yes

No

Comments:

