responses. Return it in the enclosed self-addressed, stamped envelope. What procedure(s) did you have performed during your most recent surgery? Excellent10...9...8....7....6....5....4....3....2....1 Poor How would you rate your experience? Would you recommend our practice to your friends? (Yes) No Uncertain What was the best part of your consult? 41Ml the Ductor took 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?

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

WHAT WE WANTED THE MENT OF THE PROPERTY OF THE PROPERT numbress I would have How was your experience with the anesthesiologist? 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? 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? Comments: les. No

Thank you for taking the time to complete the following questionnaire. Please circle, check, or fill in your

vvere you satisfied with the way your surgery was s Comments:	cheduled?	Yes	No
Were you satisfied with the way you were treated by the office staff? Comments:		Ves	No
Were you satisfied with the way you were treated by Comments:	y Dr. Rodriguez during your consultat	ion? Yes	No
How well do you agree with the following statement	ts? (If any item does not apply, leave	blank)	·
The office is attractive and comfortable	Strongly AgreeAgree.	Neutral	Disagree
The amount of time that I had to wait to get a consu	ultation with Dr. Rodriguez was reason	nable	
	Agree	Neutral	Disagree
I was satisfied with the information and surgical des	scription provided by Dr. Rodriguez.		
	Strongly AgreeAgree	Neutral	Disagre
The office staff was attentive to my needs	Strongly AgreeAgree	Neutral	Disagre
The OR staff was attentive to my needs	Strongly AgreeAgree	Neutral	Disagre
The written materials that I received prior to surger	y satisfied my needs		
	Strongly AgreeAgree	Neutral	Disagre
I was satisfied with the way I was prepared for surg	geryAgree	eNeutral	Disagre
I was satisfied with the care that I received the mor	rning of surgery		
<u> </u>	Strongly AgreeAgree	eNeutral	Disagre
I was satisfied with my follow-up care	Strongly AgreeAgree	eNeutral	Disagre
The fees for surgery were reasonable	Agre	eNeutral	Disagre
Additional O			
Additional Comments:			
Thank you for taking t	he time to complete this ques	stionnaire.	
			-
May we share your confidential comments with	th prospective patients?	Yes	□ No
Would you like someone to call you regarding	g any of your responses?	Yes	No No
À			
Name (entional)			
Name (optional) 😾			

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