

PATIENT SATISFACTION QUESTIONNAIRE

Today's Date: 11/19/2020

Dear Patient,

Have you been wanting to tell us what you think? We'd love to know! Will you please help us improve our patient care by completing this anonymous questionnaire? We welcome your comments!

Laser of eyes & mouth and necklift.

I. OFFICE STAFF AND PROCEDURES

A. In your initial contact by phone, were our receptionists:

- courteous? [X] Yes [] No
- helpful? [X] Yes [] No

B. During your visits to the office, were our receptionists:

- friendly? [X] Yes [] No
- responsive? [X] Yes [] No

C. Did the waiting time seem reasonable to you? [X] Yes [] No

D. What was your source of referral to our practice? If more than one applies, please indicate order of importance.

Family/Friend, Physician, Print/Media, Other

II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done? [X] Yes [] No
- the potential risks and complications? [X] Yes [] No

B. Were all of your questions answered?

C. Was accreditation of the surgeon important to you? yes, I spent time researching Dr Prys' biography on several websites

D. Was accreditation of the facility important to you? yes, but it was during the pandemic so my choices were limited.

E. What do you think of our brochure and letters? yours are very professional.

F. Did you consider another plastic surgery office? [X] Yes [] No

If yes, why did you choose our office rather than the others?

Because of my Referral Source

If no, why did you only consider our office?

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III. NURSING STAFF AND SURGERY SCHEDULING

A. In your initial visit to our office, were our nurses:

- informative? Yes No
- caring? Yes No
- professional? Yes No

*I worked with
Raelynn & she was
knew professional and
thank God that Meredith
was there.*

B. Were your financial arrangements made in a professional and unembarassing manner?

yes

C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?

*yes, as you know I was very needy
& Dr Prys, and Meredith were there to help
me.*

D. Do you feel the nursing staff was easily accessible if you had a question or concern?

*yes, I called Dr. Prys several times, even on
his birthday & he always returned my calls.*

E. What do you think about the pre-operative package and post-op instructions?

*I never really spend a lot of time reading
the pre-op package instructions, which was probably*

F. Is there anything the nursing staff could have done to improve your experience?

*a good thing
- move closer to Ft Myers!*

IV. PHYSICIAN AND SURGERY

A. Was your surgeon's surgical treatment:

- knowledgeable? Yes No
- caring? Yes No
- thorough? Yes No
- professional? Yes No
- patient? Yes No

B. Did your pre and post-operative care meet your needs?

C. How do you feel about your surgical result?

*I love my results. With all the problems that I
had, I would do it again!*

D. Is there anything your surgeon could have done to improve your experience?

V. FOLLOW UP

A. If there were a need for you to have plastic surgery again, would you return to our office?

yes.

B. Do you recommend our office to your friends or relatives considering plastic surgery?

yes

VI. We welcome your comments and suggestions:

*Thank you Dr. Prys, Meredith & Raelynn.
I love my results.*

Name (optional): _____ Telephone # _____