

PATIENT SATISFACTION QUESTIONNAIRE

Today's Date: 1/19/2021

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!

Implant exchange, mini abdominoplasty, liposuction of

trans con blepharoplasty & laser around mouth.

I. OFFICE STAFF AND PROCEDURES abdomen and

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

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

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

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



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

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

Family/Friend [handwritten: A VERY CLOSE FRIEND] - Physician _____
Print/Media [handwritten: heart symbol] Other _____

II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

COMPLETE IN EVERY DETAIL - NO QUESTION SEEMED TOO MINOR

B. Were all of your questions answered?

[handwritten: YES - IN FULL DETAIL]

C. Was accreditation of the surgeon important to you?

[handwritten: YES!]

D. Was accreditation of the facility important to you?

[handwritten: YES!]

E. What do you think of our brochure and letters?

[handwritten: PROFESSIONAL, COMPLETE w/ A HINT OF PERSONAL TOUCH]

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

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

[handwritten: THE RECOMMENDATION - THE REPUTATION - ACCREDITATION & THE KIND, WARM FEELING OF THE PERSONAL TOUCH.]

If no, why did you only consider our office?

PATIENT SATISFACTION QUESTIONNAIRE

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



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

YES - VERY PERSONAL

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

YES - COMPLETELY

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

YES (I CALLED SEVERAL TIMES - ALWAYS GREETED &

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

TAKEN CARE OF)

EXTREMELY WELL PREPARED

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

COOKED MY DINNER 😊

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?

YES

C. How do you feel about your surgical result?

VERY VERY HAPPY

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

No

V. FOLLOW UP

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

ABSOLUTELY!

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

I HAVE, DO & WILL

VI. We welcome your comments and suggestions:

JUST A HUGE THANK YOU TO THE ENTIRE STAFF FOR YOUR DEEP KNOWLEDGE & PROFESSIONALISM - AS WELL AS YOUR CARING KIND SPIRITS. YOU ALL FEEL LIKE FRIENDS.

Name (optional): _____ Telephone # _____