

PATIENT SATISFACTION QUESTIONNAIRE

Today's Date: 3/23/2022

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!

Mastopexy with inverted nipple repair.

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 Website _____ 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

D. Was accreditation of the facility important to you? Yes

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

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

If yes, why did you choose our office rather than the others?
I like what was written on the website. It spoke to me.
I felt confidence in Dr. Prysi.
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*
My initial consultation gave me so much confidence in the doctor and staff that I decided to go forward right away. Prior to that, I was undecided.
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *Yes, Meredith was terrific. I felt that I could call her anytime. She is perfect for her job.*
- D. Do you feel the nursing staff was easily accessible if you had a question or concern? *Yes.*
- E. What do you think about the pre-operative package and post-op instructions? *Very good. Meredith put my mind at ease.*
- F. Is there anything the nursing staff could have done to improve your experience? *No.*

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? *Great!*

D. Is there anything your surgeon could have done to improve your experience? *No. The doctor was perfect. I felt instantly at ease and 100% confident. He made me feel safe, and I trusted him completely.*

V. FOLLOW UP

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

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

VI. We welcome your comments and suggestions:

My only problem was finding comfortable and appropriate under garments to wear after surgery. I spent hundreds of dollars only to find they were not comfortable. I would suggest a written handout that tells week 1-2: what to wear am/and at night; week 3-4...etc.

Name (optional): _____ Telephone # _____

11267

Other than that, I can't say enough about my experience. In out of 10. Thank you to all who helped me.