

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered? *yes*

C. Was accreditation of the surgeon important to you? *yes, very much so.*

D. Was accreditation of the facility important to you? *yes*

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

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

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

*researched multiple sites / Drs. Experience of Dr., Recommendation by friend*

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*

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

*yes*

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?

*good*

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? *Excellent, couldn't be happier, exceeded my expectations*

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? *Definitely*

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

VI. We welcome your comments and suggestions:

*Thank you*

Name (optional):

Telephone #:

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C. Did the waiting time seem reasonable to you?  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 Web, "Google"

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*Full and complete*

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

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

If no, why did you only consider our office? \_\_\_\_\_

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

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*

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?

*understandable*

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?

*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?

*yes*

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

*yes*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

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Family/Friend \_\_\_\_\_

Physician \_\_\_\_\_

Print/Media Internet

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

helpful

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

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

seemed a better fit, more comfortable

If no, why did you only consider our office?

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- caring?  Yes  No
- professional?  Yes  No

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

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?

helpful

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?

very pleased

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?

yes

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

yes

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

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- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 *I reached & interviewed 6 years ago, when I had my initial surgery.*

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*yes*

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?

*comprehensive, reassuring in its thoroughness.*

F. Did you consider another plastic surgery office?  Yes  No *- this time.*

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

If no, why did you only consider our office?

*You did the initial procedure & I was happy w/ the experience. I was happy to come back, not to have to make that decision again.*

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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*

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

*yes*

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?

*excellent & comprehensive.*

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

*Nope.*

## 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?

*nope.*

## 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:

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Name (optional):

Telephone #



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

- friendly?  Yes  No
- responsive?  Yes  No

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

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

Family/Friend WORD OF MOUTH Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

C. Was accreditation of the surgeon important to you?

definitely

D. Was accreditation of the facility important to you?

yes

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

very informative, made me feel comfortable

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

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

If no, why did you only consider our office?

I felt extremely comfortable with Dr. Nachbar & his entire staff they made me feel safe & confident that my surgery would be a success.

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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?

C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *yes, very nice caring staff*

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

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

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

## 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?

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?

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

VI. We welcome your comments and suggestions:

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Name (optional)

Telephone #

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*YES*

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?

*VERY INFORMATIVE*

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

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

If no, why did you only consider our office?

*THE PROFESSIONALISM, EXPERIENCE, REFERRAL.*

# 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

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

YES

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 HELPFUL & INFORMATIVE

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

NO, THEY DID EVERYTHING TO MY EXPECTATIONS.

## 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 PLEASED

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?

ABSOLUTELY

VI. We welcome your comments and suggestions:

KEEP UP THE GOOD WORK.

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Name (optional):

Telephone #

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- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? great

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

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

If no, why did you only consider our office?

I liked the Dr. great Attitude - positive about results that could be achieved - staff very friendly Sharon is wonderful !!

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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?

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

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

E. What do you think about the pre-operative package and post-op instructions? <sup>very much so</sup>

F. Is there anything the nursing staff could have done to improve your experience? <sup>great information</sup>

## 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? <sup>yes</sup>

C. How do you feel about your surgical result? <sup>very happy</sup>

D. Is there anything your surgeon could have done to improve your experience? <sup>no</sup>

## V. FOLLOW UP

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

B. Do you recommend our office to your friends or relatives considering plastic surgery? <sup>yes</sup>

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

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- helpful?  Yes  No

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- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend X Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*yes*

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?

*informative*

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

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

*lots of information / friendly*

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*

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

*Yes*

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?

*Wonderful*

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*

## 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:

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Name (optional):

Telephone #



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- friendly?  Yes  No
- responsive?  Yes  No

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

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

Family/Friend \_\_\_\_\_  
Print/Media \_\_\_\_\_

Physician \_\_\_\_\_

Other Been to Practice before  
and love the staff as  
well as the service

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

YES

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?

Great helpful

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

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

If no, why did you only consider our office?

Been to this office before  
and the staff is wonderful  
the doctor is great and  
I love his work.

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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

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

YES

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?

Great Educational

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?

LOVE them

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?

YES and have had three surgery

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

YES all the time

VI. We welcome your comments and suggestions:

I have sent alot of friends and family and I will send more.

Name (optional):

Telephone #:

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- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet question I sent out

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes -

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?

excellent - great information

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

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

She told me what I wanted couldn't be done

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

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

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

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

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

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

## 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?

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?

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

VI. We welcome your comments and suggestions:

*Wow- what an awesome team you have -  
Dr N. you are fabulous! who says dreams  
dont come true - mine did - I love your work! Thankyou!*

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 I've been here before

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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?

Very informative

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

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

Because I have been here before and trust Dr. Nachbar. I love the staff too.

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*

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

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?  
*Great information.*

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? *Good*

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? *yes*

B. Do you recommend our office to your friends or relatives considering plastic surgery? *I don't know anybody that is considering surgery, but if I*

VI. We welcome your comments and suggestions: *did I would.*

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 I've known Dr. Nachbar for many years in a professional association.

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? great

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

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

If no, why did you only consider our office?

Dr. Nachbar's skills and reputation.

# 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

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

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.

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?

Very good.

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 and I will in the future.

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

yes

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

C. Was accreditation of the surgeon important to you?

*absolutely*

D. Was accreditation of the facility important to you?

*yes*

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

*very helpful*

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

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

*staff was more friendly & honest*

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

*yes*  
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?

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

*NO, they were wonderful*

## 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, plus some*

C. How do you feel about your surgical result?

*I love it, but I wish it would have gone a*

*size or 2 larger*  
D. Is there anything your surgeon could have done to improve your experience?

*Nope*

## 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?

*yes*

VI. We welcome your comments and suggestions:

*it was a wonderful experience. Thanks to you all!*

Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

Dear Patient,

abit over due <sup>h</sup>, Just found  
this again! sorry <sup>h</sup>

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- VERY
- friendly?  Yes  No
  - responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

YES

C. Was accreditation of the surgeon important to you?

ABSOLUTELY

D. Was accreditation of the facility important to you?

YES

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

INFORMATIVE

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

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

AFTER SEVERAL MEETINGS, DR. NACHBAR WAS

If no, why did you only consider our office?

THE ONE FOR ME. HE WAS, BY FAR, THE BEST OF ALL I HAD MET.

# 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?

ABSOLUTELY

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

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?

THOROUGH, MEETS NEEDS, EASY TO FOLLOW

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

## 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 HAPPY

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

NO, HE IS GREAT!

## V. FOLLOW UP

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

HE'S THE ONLY ONE I'D EVER SEE

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

VI. We welcome your comments and suggestions:

I JUST WANT TO THANK DR. NACHBAR FOR ALL HE HAS DONE FOR ME.

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Magazine at a Cigna center Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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?

Very professional

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

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

If no, why did you only consider our office?

I looked up your office on the BBB and you had 0 complaints, 0 actions. Very important - no malpractice suits that I could find.

# 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

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

yes

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?

Best information packet ever recieved.

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?

Very happy - no complaints

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?

Sure would

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

alreddy did - she is going for a consultation!

VI. We welcome your comments and suggestions:

Love your office! Very happy! THANK YOU!

Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered? *yes*

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? *great*

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

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

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

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

yes

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?

helpful

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?

Love it

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?

yes

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

yes I would

VI. We welcome your comments and suggestions:

Everyone is great. Very helpful and friendly.

Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Magazine Ad / online Research Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes

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?

Very informative & personable

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

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

If no, why did you only consider our office?

1st impression - very comfortable with surgeon, office, & staff  
I felt right at home ;)

# 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*

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

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?

*The package & instructions answered a lot of my questions and let me know just what to expect.*

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

## 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?  
*Best thing I've ever done!*

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?  
*yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No  
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

very nice

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

If yes, why did you choose our office rather than the others? highly recommended, very nice office relaxing atmosphere. Impressed with Dr. Price was reasonable!

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*

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

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 helpful*

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?

*AWESOME !!*

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? *Definatly*

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

VI. We welcome your comments and suggestions:

*great experecne! very very happy!*

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

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

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

Family/Friend 1 Physician 2  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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?  Yes  No

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

Personal Referral - Background info on doctor

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*

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

*yes*

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?

*good - easy to follow*

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?

*love it!*

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?

*yes*

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

*Already Have! yes*

VI. We welcome your comments and suggestions:

---

---

---

---

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Dr. Laughhead

Print/Media \_\_\_\_\_

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? Yes

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? Informative & ~~tasks~~ complete

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

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

Approach to the surgery was different

If no, why did you only consider our office?

less scary in your approach

# 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

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

Yes

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?

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

## 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 nice job, very happy with results

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?

Yes

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

Yes

VI. We welcome your comments and suggestions:

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Name (optional):  Telephone #:



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 This was 2nd procedure done by Dr. Nachbar

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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?

Very informative

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

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

If no, why did you only consider our office?

Very happy with first procedure + friendly staff.

# 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

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

Yes

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 informative

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

## 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 happy

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:

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---

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Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? Very thorough and helpful

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

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

If no, why did you only consider our office?

You offered a free consultation and Dr. Nachbar had a great accredited background.

# 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

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

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 clear and thorough.

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

No. They were all wonderful.

## 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?

I am thrilled. I absolutely love the results.

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

No. He was wonderful and did not make you feel uncomfortable.

## V. FOLLOW UP

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

Most definitely.

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

Yes

VI. We welcome your comments and suggestions:

It was a wonderful experience working with Dr. Nachbar  
and his staff. I absolutely love my results.

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

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

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

Family/Friend 2 of my friends Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

Yes!

C. Was accreditation of the surgeon important to you?

Yes! and Dr. Nachbar was highly recommended!

D. Was accreditation of the facility important to you?

Yes!

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

loved them!

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

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

If no, why did you only consider our office?

I felt like going with you because two of my friends had wonderful experiences and great results and so value my friends opinion and from the minute we met Dr. Nachbar I knew

he was the one.

# 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?

*Very professional*

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

*yes!*

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

*yes! Thank You!*

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

*Very detailed which was awesome!*

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?

*LOVE IT! You changed my life!*

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

*no... everything was more than expected!*

## V. FOLLOW UP

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

*yes! Definateley!*

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

*yes!*

VI. We welcome your comments and suggestions:

*I just want to thank you for your wonderful staff and professionalism! You answered all my questions & I love my results! And I'll never know how much of a wonderful impact you've had on my life!*

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Google - love your website Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*yes*

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?

*very informative - Thank you for covering all the details!*

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

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

If no, why did you only consider our office?

*Your website & my initial consultation w/ Dr. Nachbar was enough.*

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

*yes*  
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?

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

*Nope - their care exceeded my expectations.*

## 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?

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

## V. FOLLOW UP

*No*  
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?

*All ready have.*  
VI. We welcome your comments and suggestions:

*Thank you!*

Name (option

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

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

Family/Friend Friend

Physician \_\_\_\_\_

Print/Media \_\_\_\_\_

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

very informative

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

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

Liked Dr. Nachbar better

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

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

yes

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 info. used it often

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

no I dont think so

## 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?

Love it !!

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

no I dont think so

## 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:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*Very informative*

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

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

If no, why did you only consider our office?

*I was impressed by my friends surgery*

# 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*

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

*yes*

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 helpful and easy to understand*

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?

*I am satisfied with the outcome*

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?

*yes*

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

*yes*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Previous operation

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

Yes

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?

Five

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

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

If no, why did you only consider our office?

My friend and I had previous surgery w/ Dr. Nachbar

# 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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *Yes*
- 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*
- F. Is there anything the nursing staff could have done to improve your experience?  
*Every question was answered. I felt very confident about the care.*

## 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 good*
- D. Is there anything your surgeon could have done to improve your experience?  
*Can think of.*

## 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:

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Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes

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?

Very informative!

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

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

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?

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

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

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

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

## 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?

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?

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

VI. We welcome your comments and suggestions:

*Dr. Nachbar & staff was amazing. Dr. Nachbar is the best, I've made many referrals to him.*

Name (optional):

Telephone #

-100%

pleased to

results!

Thank you!

wonderful!

no

Yes

I have already



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  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? *great*

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

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

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *yes*
- 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? *great*
- 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? *wonderful*
- 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? *yes, yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery? *yes*

## VI. We welcome your comments and suggestions:

*Wonderful!!*

Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes

C. Was accreditation of the surgeon important to you?

Yes

D. Was accreditation of the facility important to you?

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

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

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

If no, why did you only consider our office?

PAST EXPERIENCE WITH DR. NACHBAR

# 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*

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

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? *DETAILS*

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? *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? *YES*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No  
- the potential risks and complications?  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? NICE

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

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

Able to accommodate my immediate needs.

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

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? *good*

F. Is there anything the nursing staff could have done to improve your experience? *none*

## 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 good*

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? *yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

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

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

Family/Friend Both Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No
- the potential risks and complications?  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? *Excellent (most Phys. don't bother)*

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

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

*You're the best.*

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *Yes*
- 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? *Great*
- F. Is there anything the nursing staff could have done to improve your experience?

## 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? *It is excellent*
- D. Is there anything your surgeon could have done to improve your experience? *Yes - a hot fudge sundae.*

## 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:

*If you and your staff are very professional, kind, and knowledgeable, when you are the "BEST" what more can be said.*

Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered? *yes*

C. Was accreditation of the surgeon important to you? *yes*

D. Was accreditation of the facility important to you? *no*

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

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

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

*personal recommendations plus comfort level w/ dr. + staff*

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  
*yes*
- 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?  
*great*
- 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?  
*wonderful*
- 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?  
*yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery?  
*yes*

## VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No  
- the potential risks and complications?  Yes  No

B. Were all of your questions answered? *yes*

C. Was accreditation of the surgeon important to you? *yes, very important*

D. Was accreditation of the facility important to you? *yes*

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

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

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

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *yes*
- 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?  
*Excellent instructions & very informative.*
- F. Is there anything the nursing staff could have done to improve your experience?

## 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 happy with the results of the max tummy & breast augmentation.*
- 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? *yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery? *yes*

## VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

- A. In your initial contact by phone, were our receptionists:
- courteous?  Yes  No
  - helpful?  Yes  No
- B. During your visits to the office, were our receptionists:
- friendly?  Yes  No
  - responsive?  Yes  No
- C. Did the waiting time seem reasonable to you?  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 <input checked="" type="checkbox"/> _____ | Other _____     |

## II. THE CONSULTATION PROCESS

- A. Was your consultation educational and helpful in understanding:
- the surgery to be done?  Yes  No
  - the potential risks and complications?  Yes  No
- B. Were all of your questions answered?  
*yes*
- C. Was accreditation of the surgeon important to you?  
*of vital importance to me.*
- D. Was accreditation of the facility important to you?  
*not as much.*
- E. What do you think of our brochure and letters?  
*Very professional, very detailed + easy to understand*
- F. Did you consider another plastic surgery office?  Yes  No
- If yes, why did you choose our office rather than the others?  
*Dr. Nakhbar's answers to my questions.*
- 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*  
C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?

*Yes*  
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?

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

## 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?

*I am pleased*  
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 - facelift + neck*  
B. Do you recommend our office to your friends or relatives considering plastic surgery?

*Yes*  
VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend Friend Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*yes*

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?

*very informative*

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

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

If no, why did you only consider our office?

*Information I read on the Web site, and two friends of mine referred me.*

# 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*

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

*yes*

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?

*perfect*

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?

*wonderful*

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?

*yes*

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

*yes*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #





# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend \_\_\_\_\_  
Print/Media \_\_\_\_\_

Physician Dr. Deborah Wilson  
Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? Very helpful

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

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

If no, why did you only consider our office?

Dr. Wilson recommended Dr. Nachbar & after my first consultation and going on the web site, I was satisfied.

# 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

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

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? It was so helpful!

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? absolutely yes

C. How do you feel about your surgical result? Wonderful & grateful

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? Positively

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

VI. We welcome your comments and suggestions: no suggestions!  
I enjoyed my experience with  
Dr. Mackone & Stahl.

Name (optional)  Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*professional nice/online - good informative*

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

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

*one other office // you were friendly & flexible & my busy schedule*

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*

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

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 informative*

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, still have to do f/u. will schedule*

C. How do you feel about your surgical result? *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? *yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? yes

C. Was accreditation of the surgeon important to you? Very

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

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

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

If yes, why did you choose our office rather than the others? Doctor's reputation and background, friendly, helpful staff.

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*

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

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? *They were easy to read and easy to follow*

F. Is there anything the nursing staff could have done to improve your experience? *No, they were wonderful.*

## 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? *I love it.*

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? *yes*

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

VI. We welcome your comments and suggestions:

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Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  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? *Very informative and helpful*

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

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

*Research & referrals*

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *Yes*
- 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?  
*It was great. I refered to it often*
- 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? *Excellant*
- 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? *Yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery? *Yes*

## VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Debbie Wilson, OBGYN

Print/Media \_\_\_\_\_

Other implantinfo.com

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

C. Was accreditation of the surgeon important to you?

Very Much

D. Was accreditation of the facility important to you?

Very Much

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

helpful

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

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

Dr. Nachbar was more available, very friendly, GYN recommended!

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?  
N/A
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  
Very much!!
- 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 useful, I looked back on it several times.
- F. Is there anything the nursing staff could have done to improve your experience?  
I can not think of a thing!!

## 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?  
I love the results, I could not ask for better!
- D. Is there anything your surgeon could have done to improve your experience?  
NO, he was/is wonderful, Highly recommended by me! :)

## V. FOLLOW UP

- A. If there were a need for you to have plastic surgery again, would you return to our office?  
yes, yes, yes
- B. Do you recommend our office to your friends or relatives considering plastic surgery?  
yes, and I have already.

## VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend X Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*yes Dr Nachbar was very informative.*

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?

*The brochures and the information packet was put together very well for my surgery.*

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

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

If no, why did you only consider our office?

*Your office came very highly Recommended*

# 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*

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

*yes*

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

*Very much so they answered all of my questions and concerns no matter what*

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

*Very unformative*

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

*No my experience was handled uncredibly well*

## 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?

*exceptionally well*

C. How do you feel about your surgical result?

*Very good*

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?

*Definitely*

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

*yes to everyone*

VI. We welcome your comments and suggestions:

*everyone in the office was very caring  
I couldn't have asked for a better  
experience.*

Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

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

Family/Friend Family

Physician \_\_\_\_\_

Print/Media \_\_\_\_\_

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes

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?

Wonderful

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

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

Made me feel the most comfortable

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?
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *yes*
- 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 informative*
- 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? *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? *definitely*
- B. Do you recommend our office to your friends or relatives considering plastic surgery? *yes*

## VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 internet

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*yes*

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?

*helpful*

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

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

If no, why did you only consider our office?

*The staff was helpful, friendly and understanding*

# 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*

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

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 helpful and clear*

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?  
*I love it! 😊*

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?  
*yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No  
- the potential risks and complications?  Yes  No

B. Were all of your questions answered? *Yes*

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? *Very nice*

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

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

If no, why did you only consider our office? *importance given to referral*

# 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*

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

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? *Good*

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

## 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? *Happy*

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:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 You put my finger back on

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes

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?

easy to read / good

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

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

If no, why did you only consider our office?

best doctor!

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

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

*None*

## 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?

*None*

## 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:

*You guys Rock!!*

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

absolutely!

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?

very informative, easy read

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

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

If no, why did you only consider our office?

The staff was extremely friendly, before & after procedures, and Dr. Nachbar knew exactly what I wanted before I said anything. I was very confident ~~with~~ in you!

# 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

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

Yes, they were very prompt in getting things scheduled

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

Yes & that was very important

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

easy to understand

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

No, everything was great!

## 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?

I am THRILLED!! I absolutely love it!!

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?

100%!!

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

I all ready have...

VI. We welcome your comments and suggestions:

I am so glad I chose this facility! The surgery went so smooth & everything turned out great! I am so much more confident & comfortable with myself! I absolutely love the results & would do it all over again with no regrets! Thank so much Dr. Nachbar & team for improving my life!

Name (optional):

Telephone #:

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*Yes*

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?

*Very informative*

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

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

If no, why did you only consider our office?

*I felt comfortable with the doctor + staff.*

# 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?

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

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? *yes.*

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

## 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? *good.*

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? *yes.*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

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

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

Family/Friend \_\_\_\_\_  
Print/Media PHx Mag.

Physician \_\_\_\_\_  
Other Inter Net  
Board for Plastic Surgeons

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? Well, Done

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

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

experience, board certifications, comfort after meeting

If no, why did you only consider our office? Dr. Nachbar

# 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? *No*

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

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?

*Aswered all my questions*

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?  
*I am happy and pleased with the results.*

D. Is there anything your surgeon could have done to improve your experience?  
*No, Dr. Nachbar is understanding and I feel very*

## V. FOLLOW UP *Comfortable with him.*

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

*Yes, and will in June 2006.*

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

*yes*

## VI. We welcome your comments and suggestions:

*The experience with your office has been comfortable for me. I will had have referred several people to your office*

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 http://implantinfo.com

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*very useful.*

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

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

*employees + Dr. Nachbar made me feel comfortable.*

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*

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

*yes*

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?

*specific & reasonable*

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

*they were just what I expected.*

## 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 happy + satisfied*

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

*he did more than I expected!*

## 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. My sister-in-law is already on her way for a consultation!*

VI. We welcome your comments and suggestions:

*Thank you for everything. I'm very happy w/ the result of my surgery & the way I was treated. I would definitely recommend your office & of course Dr. Nachbar to everybody that I know.*

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 former patient

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? yes

C. Was accreditation of the surgeon important to you? Yes!!

D. Was accreditation of the facility important to you? ~~too~~ somewhat

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

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

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

If no, why did you only consider our office?

Too expensive, surgeon had lousy "bedside manner!"

# 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*

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

*yes*

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?

*excellent*

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?

*very much*

C. How do you feel about your surgical result?

*tremendous, super, absolutely awesome!!*

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?

*yes*

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

*yes!*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Web site American Academy of Plastic Surgeons  
Your personal web site

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? Yes

C. Was accreditation of the surgeon important to you? Very

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

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

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

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

If no, why did you only consider our office?

Very straight forward, and not pushy. I did not feel like he was trying to sell me.  
Dr. Hachbar was

# 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*

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

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 informative*

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

*No, always remembered my name, gave me a great feeling*

## 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?

*So far so good*

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

*Not that I can think of.*

## V. FOLLOW UP

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

*Definitely*

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

*Yes*

VI. We welcome your comments and suggestions:

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Name (optional)

Phone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*I appreciated your thank you for your confidence letter. your surgical brochure was very complete.*

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

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

*Felt more comfortable, wasn't pressured*

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*

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

*yes*

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?

*Complete, I appreciated the step by step instruction +  
the discussion of emotions.*

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?

*good, I feel I got the results I was told I could expect.*

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

*no I don't think so.*

## 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:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

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

Family/Friend Daughter

Physician \_\_\_\_\_

Print/Media \_\_\_\_\_

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  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? Good Idea

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

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

If no, why did you only consider our office?

I saw the doctors handy work on my daughter, he made A world of difference on her body. I did not see a need to look further.

# 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**
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? **YES**
- 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 Helpful.**
- 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? **Thrilled!**
- 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? **YES**
- B. Do you recommend our office to your friends or relatives considering plastic surgery? **YES**

## VI. We welcome your comments and suggestions:

you guys did good!

Name (optional):  Telephone #:

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 X Phonebook Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

very helpful

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

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

office staff was friendly, + Dr. Nachbar is wonderful

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

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

yes

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

yes, I called a lot after surgery + they were

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

easily understandable

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

no, everything was great

## 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, the aftercare facility was great

C. How do you feel about your surgical result?

so happy, I feel great + look great

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?

I had surgery in Dec. + so far I have referred 3

VI. We welcome your comments and suggestions:

Dr. Nachbar is a wonderful Dr. people to your office for tx.  
+ the staff is great, they are so  
sweet + understanding.

Name (optional)

Telephone

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 yellow pages Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? yes

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? Very informative

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

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

Friendly, more personable & helpful & caring

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*

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

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? *Excellent*

F. Is there anything the nursing staff could have done to improve your experience? *Not a thing*

## 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 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? *yes*

VI. We welcome your comments and suggestions:

*Everyone was very sensitive to my needs & desired final result. I would definitely come back as a return customer. Thank you for making this such a positive experience.*

Name (optional): \_\_\_\_\_

Telephone # \_\_\_\_\_



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 phone book

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes

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?

very informative

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

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

If no, why did you only consider our office?

Everyone was friendly and informative  
I felt very comfortable at the first  
visit

# 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

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

Yes

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 + self explanatory

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

## 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 good

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?

Yes

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

Yes

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #:

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet

plasticsurgery.org

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

C. Was accreditation of the surgeon important to you?

yes - very

D. Was accreditation of the facility important to you?

yes - very

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

- awesome

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

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

Dr. Nachbar is great.

If no, why did you only consider our office?

Extremely confident & qualified.

# 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*

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

*yes*

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?

*great - easy*

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?

*better than expected*

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?

*all the time - mom having surgery 3/29*

VI. We welcome your comments and suggestions:

*Keep up the great work!*

Name (optional):



Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend Friends Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? very informative

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

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

If no, why did you only consider our office? referred by two of my friends

# 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*

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

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 informative*

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? *very pleased*

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? *yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend \_\_\_\_\_  
Print/Media \_\_\_\_\_

Physician \_\_\_\_\_  
Other Internet web site  
Capital One address

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? Very professional

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

If yes, why did you choose our office rather than the others? Quality of Care.

Dr & Staff are all wonderful  
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*

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

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 nicely done*

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?

## 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?

VI. We welcome your comments and suggestions:

*Both of my daughters have come there as a result of my care*

Name

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes

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?

Informative + educational; Courteous + helpful

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

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

The accreditation of the surgeon

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

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

Yes

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?

Excellent, thorough, informative, helpful, answered all my questions

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?

Very pleased

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?

Yes

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

Yes

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

C. Was accreditation of the surgeon important to you?

*very*

D. Was accreditation of the facility important to you?

*very*

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

*informative & well done*

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

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

If no, why did you only consider our office?

*I liked the accreditations*

# 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?

*none made*

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

*yes*

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?

*yes*

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?

*satisfied*

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?

*yes*

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

*yes*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Phoenix mag \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

Absolutely

C. Was accreditation of the surgeon important to you?

Yes

D. Was accreditation of the facility important to you?

Very

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

I was very impressed.

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

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

Professionalism. your staff was honest.

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?  
**Absolutely**
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? **yes**
- 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 informative/helpful.**
- F. Is there anything the nursing staff could have done to improve your experience?

## 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?  
**Happier than I ever imagined I could be.**
- 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?  
**ONLY your office.**
- B. Do you recommend our office to your friends or relatives considering plastic surgery?  
**yes - two have already come to your office.**

## VI. We welcome your comments and suggestions:

**This surgery was such a positive experience. I felt very comfortable with your staff + the surgery center you have absolutely changed/improved my quality of life. I thank you on a daily basis.**

Name (optional) \_\_\_\_\_

Telephone # \_\_\_\_\_

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? yes

C. Was accreditation of the surgeon important to you? very important

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

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

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

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

If no, why did you only consider our office?

I was impressed by Dr. Nachbar's credentials and the professionalism of the staff.

# 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*

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

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?

*Extremely helpful*

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? *very pleased*

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? *yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):  Telephone #:



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

Beautiful + professional

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

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

If no, why did you only consider our office?

Friend highly recommended!

# 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

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

Yes

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 informative

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

they were wonderful!

## 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?

I love it!

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

Is it possible?

## 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:

Very professional + very satisfied!

Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 WEB \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? yes!

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? N/A

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

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

Because Dr. Nachbar listened to what I wanted and what I was comfortable with.

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*

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

*yes*

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 helpful - especially pre-op*

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

## 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 happy*

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:

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Name (optional)

phone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

YES

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?

STYLISH & PROFESSIONAL

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

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

FELT MORE COMFORTABLE W/ DOCTOR, STAFF

If no, why did you only consider our office?

PROPOSED TREATMENT/CARE

# 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

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

YES

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 THOROUGH AND PRECISE

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

—

## 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?

DELIGHTED!

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?

YES

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

YES - many times over

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*very informative*

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

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

If no, why did you only consider our office?

*had experienced Dr. Nachbar's work & was very satisfied*

# 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*

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

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? *best*

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? *exceeded in my expectations*

C. How do you feel about your surgical result? *very happy & thankful*

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? *yes (have in the past)*

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

VI. We welcome your comments and suggestions:

*Dr. Nachbar is an artist, the best in his field*

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Name (optional):

Telephone #:



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  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? *very informative*

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

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

If no, why did you only consider our office?

*Referral was assumed*

# 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*

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

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? *outstanding*

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? *super*

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? *yes*

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

VI. We welcome your comments and suggestions:

*The best money I ever spent. Wished I would have done it years ago.*

Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend \_\_\_\_\_  
Print/Media \_\_\_\_\_

Physician \_\_\_\_\_  
Other Previous Patient

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes. Dr. Nachbar is very thorough.

C. Was accreditation of the surgeon important to you?

yes. but past experience means a ton as well.

D. Was accreditation of the facility important to you?

yes.

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

Terrific + thorough.

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

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

It had been a while since my 1st surgery and I wanted to see what the competition offered

If no, why did you only consider our office?

as well and to see how Dr. Nachbar measured w/ others (since he was all I knew). Of course he was the best!!!

# 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, even after many changes! ☺

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

yes

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

yes - because I called a few times ☺

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

Excellent - that was great reading material and referenced before + after the procedure ☺

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

No - they were all wonderful!

## 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?

I'm so thrilled!

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?

Absolutely - 3x a charm! ☺

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

All the time!!!!

VI. We welcome your comments and suggestions:

Even after exploring my options, Dr. Nachbar proved to be the most sincere, sensitive and thorough without making me feel like just a number. He and his staff are amazing, I will always consider him for the future + recommend him to everyone!

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

C. Was accreditation of the surgeon important to you? *Sure - Yes*

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

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

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

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

*Your credentials, then for your professionalism, kindness, courtesy, and a lot more. People, I love you.*

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?

*N/A*

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

*Yes*

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 Informative*

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

*Everything was perfect.*

## 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?

*Satisfied (Fully)*

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

*Everything was super, outstanding*

## V. FOLLOW UP

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

*Of course, Sure. I love all of you.*

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

*Yes, of course.*

VI. We welcome your comments and suggestions:

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Name (optional)

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Yellow Pages - good Other \_\_\_\_\_  
*reference*

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*Yes*

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? *good*

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

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

*You were able to schedule my surgery sooner & work with my schedule.*

# 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

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

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? It was good.

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?

*I wish I would have done a bigger breast size & a*

D. Is there anything your surgeon could have done to improve your experience? full tummy tuck to get rid of stretch marks

## 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:

*Sharon - Thank you so much for making this a good experience for me. I will be in touch for a follow up visit soon.*

Name (optional):

Telephone #:

*S. - Sharon - I got a message that you called. The holidays & sickness has made our lives crazy! We'll talk soon.*



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

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

Family/Friend sister Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes.

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?

Very explanatory

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

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

The surgeon impressed me and seemed to care about patients

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.*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  
*yes.*
- 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?  
*great.*
- 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?  
*I am very happy with them.*
- 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?  
*yes.*
- B. Do you recommend our office to your friends or relatives considering plastic surgery?  
*yes, all the time.*

## VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #:

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes, very informative*

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?

*well done, informative*

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

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

*felt comfortable with doctor, answered questions*

If no, why did you only consider our office?

*viewed pics on website*

# 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

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

Yes, always took time to answer questions

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

Yes, Sharon was great

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

Very complete, I referred to it many times

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?

Very happy, natural results, love my flat tummy

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

include directions to recovery center for family

## 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:

I had several consultations set up after researching various surgeons. I felt very comfortable in the office, appreciate the nice room, didn't feel as embarrassed as at other offices to show my "flaws", all questions were answered and encouraged. Thanks for everything.

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 PHOENIX MAGAZINE Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? *yes*

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? *Informative*

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

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

*Dr. Nachbar's speciality "Post baby  
Tune-Up"*

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? *N/A.*

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

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? *Great*

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

*Thank you Dr. Nachbar for being such a perfectionist!*

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

C. How do you feel about your surgical result? *Fantastic*

D. Is there anything your surgeon could have done to improve your experience? *No.*

## V. FOLLOW UP

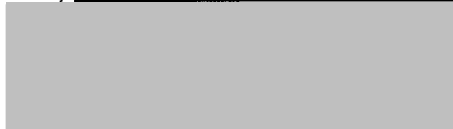
A. If there were a need for you to have plastic surgery again, would you return to our office? *Most Defonately*

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

## VI. We welcome your comments and suggestions:

*I was pleased with the entire experience. I love my new body -- and so does my husband. My self image has been dramatically improved. It has made me a happier person and a better mother to my 2 beautiful children!*

Name (optional): \_\_\_\_\_ Telephone # \_\_\_\_\_



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 yellow pages

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? yes

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? informative

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

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

Dr. Nachbar's personality and staff

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*

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

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? *great, I still refer to them*

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? *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? *yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Magazine / phone book

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*Yes.*

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?

*Excellent! Very helpful.*

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

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

If no, why did you only consider our office?

*I felt very confident in Dr. Nachbar and his staff. Everyone was competent, friendly, and helpful from Day One.*

# 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. Financing my surgery was a breeze.*

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

*Yes.*

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 well - presented and informative.*

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

*No - the outstanding care I received made my experience very enjoyable.*

## 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. I was well-informed and comfortable.*

C. How do you feel about your surgical result?

*Excellent work! I am 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?

*Absolutely.*

VI. We welcome your comments and suggestions:

*Thank you all so much for your wonderful care.*

Name (optional):

Telephone #:

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet, called,

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

Yes.

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?

Great!

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

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

I had several appointments, Dr. Nachbar was the first and I loved it, I did not need to go anywhere else, I was so satisfied and comfortable.

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.*

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

*Yes*

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?

*Wonderful, that prepare me so much.*

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

*NO, They were great!*

## 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?

*I love it!*

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

*No, he is the Best!*

## 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:

*Dr. Nachbar, nurses, and all his staff was great, so professional and friendly.*

*Thank you!*

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

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

Family/Friend FAMILY

Physician \_\_\_\_\_

Print/Media \_\_\_\_\_

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

YES

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?

EXCELLENT

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

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

SATISFACTION

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

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

YES

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

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

NONE

## 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?

EXCELLENT

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

NONE

## 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:

PROFESSIONAL, EXCELLENT AND MAKE PATIENT SATISFACTION

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend \_\_\_\_\_  
Print/Media \_\_\_\_\_

Physician \_\_\_\_\_  
Other previous patient

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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? very thorough

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

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

liked Dr Nachbar better

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?

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

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?

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

## 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 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? *already have*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Ad in magazine

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? absolutely

C. Was accreditation of the surgeon important to you? yes

D. Was accreditation of the facility important to you? not as much

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

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

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

If no, why did you only consider our office? the timeliness of the procedure

# 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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *yes*
- 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 helpful*
- 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? *I LOVE IT!!!*
- 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? *yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery? *more than once*

## VI. We welcome your comments and suggestions:

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Name (optional):  Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Website of certified p. surgeon

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

C. Was accreditation of the surgeon important to you? very important

D. Was accreditation of the facility important to you? also very important

E. What do you think of our brochure and letters? They were informative + helpful in making my final decisions

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

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

Best qualifications, very comfortable & best be/after photos

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *yes*
- 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?  
*They were useful & easily understandable*
- F. Is there anything the nursing staff could have done to improve your experience?

## 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 positive, love the results*
- 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:

*Overall very positive experience, very skilled doctor + excellent staff*

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Name (optional): \_\_\_\_\_ Telephone # \_\_\_\_\_

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

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

Family/Friend 1

Physician 4

Print/Media 3

Other 2 (website/credentials)

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

informative

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

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

availability and liked Nachbar better

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  
*yes*
- 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?  
*helpful*
- 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?  
*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?  
*yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery?  
*yes*

## VI. We welcome your comments and suggestions:

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Name (optional):  #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Phx Magazine Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? perfect

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

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

Friendly staff, everyone was professional and personable. Other 2 felt cold and stuffy.

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

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

yes

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

absolutely

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

perfect

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

can't think of anything

## 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?

Love it!!

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

can't think of anything

## 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?

always - I give out business cards

VI. We welcome your comments and suggestions:

Love the fabric robes (much better than paper). Love now I felt like I was the most important person. Never had to wait to be seen. Staff so nice and DR no stuffy pretentions.

Name (optional):

Telephone #:



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*Every question and concern was answered.*

C. Was accreditation of the surgeon important to you?

*Extremely important. It was a major deciding factor for me.*

D. Was accreditation of the facility important to you?

*Very.*

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

*Very informative and easy to read.*

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

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

*I chose Dr. Nachbar due to the level of comfort and professionalism I felt with each visit.*

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. most definitely.

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

Yes.

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

Yes. I love the nursing staff. Great team!

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

I read & re-read all information sent. It made me feel prepared and confident.

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?

I cannot even begin to explain the satisfaction.

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?

No question about it!

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

Yes with confidence.

VI. We welcome your comments and suggestions:

I am so thankful to Dr. Nachbar & his staff. I am now the woman on the outside & always knew I could be my transformation is amazing. I am forever grateful and know choosing Dr. Nachbar was the best decision.

Name (optional):

Telephone #:

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet

Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*Good*

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

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

*consultation*

*comfort after*

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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *yes*
- 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? *Good*
- 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? *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? *yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery? *yes*

## VI. We welcome your comments and suggestions:

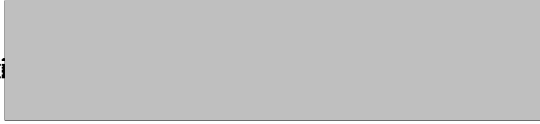
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Name (opti

phone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered? *yes*

C. Was accreditation of the surgeon important to you? *yes*

D. Was accreditation of the facility important to you? *Somewhat*

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

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

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

If no, why did you only consider our office?

*Was very happy with the results of the 1st surgery*

*N/A*

# 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*

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

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? *fine*

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*

## 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:

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Name (optional)  Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

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

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

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?

*Very helpful*

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

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

If no, why did you only consider our office?

*Referral + internet helpful*

# 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*

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

*yes*

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?

*fine*

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?

*Excellent*

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?

*yes*

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

*yes*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  Yes  No *No waiting!*

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 Internet Other Yellow pgs

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*Yes. Dr. Nachbar + Staff answered all questions before, during + after each visit*

C. Was accreditation of the surgeon important to you?

*Very important*

D. Was accreditation of the facility important to you?

*Very important*

E. What do you think of our brochure and letters? *Very helpful! It was nice to have the booklet to refer back to with questions or concerns. It put my mind at ease more than once.*

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

*↑ expectations*

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

*I felt rushed and didn't feel confident the Dr. heard what I wanted - he looked at me + had his own plan.*

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

C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *Yes, I always felt I could call at anytime with any question*

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

Yes - always

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

Fantastic, as mentioned in II E.

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

Not at all

## 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. The prep nurse was fantastic - felt relaxed. She spoke well of Dr. Nachbar.

C. How do you feel about your surgical result?

I like the improvements!

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?

Yes - I've given your card to a friend + speak well of Dr. Nachbar + Staff

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Internet

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? great

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

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

I felt very comfortable with Dr. Nachbar

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*

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

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 informative & helpful*

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? *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? *yes*

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

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Computer \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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?

Very thoughtful and easy to understand

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

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

The years of know how and you were the only office I found that did the post baby tummy-up.

# 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*

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

*yes*

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?

*easy to understand*

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

*none, they were wonderful*

## 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?

*He made feel like a new person and its wonderful*

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

*none, he help me by explaining things to a tee. The info he gave me was wonderful.*

## V. FOLLOW UP

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

*yes, I would because of the staff and the doctors wonderful attitudes and it was a comfortable atmosphere.*

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

*yes*

VI. We welcome your comments and suggestions:

*To the staff of Dr. Nachbar, keep up the great work and the comfortable feeling of your office.*

*To Dr. Nachbar, keep making peoples dreams a wonderful and compassionate time for plastic surgery.*

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No  
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*Yes*

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?

*Great*

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

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

If no, why did you only consider our office?

*friend referral*

# 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?
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? *Yes*
- 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? *Yes*
- F. Is there anything the nursing staff could have done to improve your experience? *Very informative*

## 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? *NO*
- C. How do you feel about your surgical result? *Good, But still Healing*
- 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? *Yes*
- B. Do you recommend our office to your friends or relatives considering plastic surgery? *Yes, I have had 3 go in already!*

## VI. We welcome your comments and suggestions:

*You treat!*

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Name (optional)

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

good

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

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

I felt comfortable

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*

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

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? *good*

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? *really great results*

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?

*yes*

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

*yes*

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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?  Yes  No  
- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

*yes*

C. Was accreditation of the surgeon important to you?

*yes, very*

D. Was accreditation of the facility important to you?

*yes, very*

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

*very comforting to receive these in the mail*

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

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

*consultation of your office versus their process.*

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? *A+*  Yes  No  
- professional?  Yes  No

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

## 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 happy, no regrets*  
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:

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Name (optional): \_\_\_\_\_ Telephone # \_\_\_\_\_

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 X \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*Yes*

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?

*very informative*

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

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

*Dr. Machbar was very professional, answer all my questions and help me feel confident about the whole procedure.*

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.*

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

*Yes.*

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 thorough.*

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

## 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?

*I feel pleased.*

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:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

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

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

Family/Friend a family friend Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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?

very helpful

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

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

If no, why did you only consider our office?

Because the lady that referred me spoke very highly of your office and staff.

# 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

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

yes

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 informative and easy to follow

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

No, everyone was really nice and helpful

## 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?

I love them

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?

yes

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

yes

VI. We welcome your comments and suggestions:

You guys are great. I've recommended you to a few people who want to have cosmetic surgery done. If I get any more cosmetic surgery done I'll definitely be coming to see you. Thank you all very much!

Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend \_\_\_\_\_  
Print/Media \_\_\_\_\_

Physician \_\_\_\_\_  
Other I worked with Dr. Nachbar  
at HS Surg. Ctr.

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

*yes*

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?

*great*

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

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

If no, why did you only consider our office?

*Dr. Nachbar's reputation and expertise*

# 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*
- C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  
*yes*
- 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*
- 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?
- C. How do you feel about your surgical result?  
*yes*  
*Very good*
- 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?  
*yes*

## VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Inter net

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

YES

C. Was accreditation of the surgeon important to you?

YES, VERY

D. Was accreditation of the facility important to you?

YES

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

Perfect.

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

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

If no, why did you only consider our office?

Because The DR. give me confidence.

# 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?

NO

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

YES

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?

Perfect and very well understanding.

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?

Very good and satisfied!

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?

of course.

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

YES

VI. We welcome your comments and suggestions:

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Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 Phone Book/Website Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

YES

C. Was accreditation of the surgeon important to you?

Very Important

D. Was accreditation of the facility important to you?

YES

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

Very Informative, Attractive.

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

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

I felt at ease and comfortable right from the start. Dr.

Nachbar was exactly what I was looking for in a Doctor.

# 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.

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

YES.

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?

LOVED THEM! So much information, Easy to Understand!

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?

NEVER HAD A REGRET. Exceeded Expectation!

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?

YES. AND PLAN TO DO SO EARLY 2007

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

YES AND HAVE!

VI. We welcome your comments and suggestions:

I am thrilled with my results I knew I made the right choice in choosing Dr. Nachbar. I felt comfortable & well informed from DAY ONE! Dr. Nachbar & his staff made my surgery go smoothly from preop to postop. A+++

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No
- helpful?  Yes  No

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

- friendly?  Yes  No
- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 former patient

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered? yes

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? great information

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

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

If no, why did you only consider our office?

I was extremely pleased with my first surgery and  
~~the~~ would not trust another doctor.

# 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*

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

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 detail*

F. Is there anything the nursing staff could have done to improve your experience? *everything was very good.*

## 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 pleased*

D. Is there anything your surgeon could have done to improve your experience? *no, it was better than expected.*

## 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? *yes*

VI. We welcome your comments and suggestions:

*I am very pleased with the results of my surgery and the courtesy of all the staff members!*

Name (optional):

Telephone #



# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No  
- helpful?  Yes  No

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

- friendly?  Yes  No  
- responsive?  Yes  No

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

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

Family/Friend X Physician \_\_\_\_\_  
Print/Media \_\_\_\_\_ Other \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

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

B. Were all of your questions answered?

yes

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?

Helpful

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

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

If no, why did you only consider our office?

a few friends & family  
had been there and said  
wonderful things. I had no  
reason to look elsewhere

# 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.

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

yes.

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?

helpful.

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

nothing.

## 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?

love them!

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?

yes for sure.

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

yes, already have

VI. We welcome your comments and suggestions:

Thank you for doing such an amazing job. Everyone notices the changes & are pleased. claim so happy and cant thank you enough ☺.

Name (optional):

Telephone #

# PATIENT SATISFACTION QUESTIONNAIRE

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!

## I. OFFICE STAFF AND PROCEDURES

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

- courteous?  Yes  No

- helpful?  Yes  No

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

- friendly?  Yes  No

- responsive?  Yes  No

C. Did the waiting time seem reasonable to you?  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 internet \_\_\_\_\_

## II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done?  Yes  No

- the potential risks and complications?  Yes  No

B. Were all of your questions answered?

yes

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?

Very Informative

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

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

I liked how confident & understanding the staff was, they are the ones who made me chose the office

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

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

Yes

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

yes - loved them!

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

Very useful

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?

Very very happy

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

Given me a \$5500 gift certificate.

## 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:

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Name (optional)

Telephone #