



PATIENT SURVEY

Please circle, check, or fill in your responses. Feel free to drop form off or mail to the address above.

What procedure(s) did you have performed during your most recent surgery?

How would you rate your final result(s)? Excellent ...10...9...8...7...6...5...4...3...2...1...Poor

Would you recommend our practice to your friends? Yes No Uncertain

What did you especially like about the way you were treated in your most recent surgery with us?

Is there anything that you did not like?

Do you have any suggestions for improvement?

Why did you select our office for your surgery?

Would you return to this office if you decide to have additional surgery? Yes No Uncertain

Which of the following factors influenced you to choose our practice?
(check all that apply)

- Reputation of doctor Phone book ad Recommendation by friend or family



DOMINION
PLASTIC SURGERY

2755 Hartland Road, Suite 300
Falls Church, VA 22043
Phone: 703-544-8971
Fax: 703-562-6994

- | | | |
|--|---|--|
| <input type="checkbox"/> Board certification, Training | <input type="checkbox"/> News article/show | <input type="checkbox"/> Recommendation by salon staff |
| <input type="checkbox"/> Technology used | <input type="checkbox"/> Print ad in: _____ | <input type="checkbox"/> Cost of surgery |
| <input type="checkbox"/> Procedures offered | <input type="checkbox"/> Seminar appearance | <input type="checkbox"/> Financing options |
| <input type="checkbox"/> Internet web page | <input type="checkbox"/> Hospital referral | <input type="checkbox"/> Friendly staff |
| <input type="checkbox"/> Location of office | <input type="checkbox"/> Physician referral | <input type="checkbox"/> Other: _____ |

Were your telephone calls to our office handled to your satisfaction?

Yes No Comments:

Were you satisfied with the way your surgery was scheduled?

Yes No Comments:

Were you satisfied with the way you were treated by the office staff?

Yes No Comments:

Were you satisfied with the way you were treated by our physician during your consultation?

Yes No Comments:



How well do you agree with the following statements? (If any item does not apply, leave blank)

- The office is attractive and comfortable..... Strongly Agree.....Agree NeutralDisagree
- The amount of time that I had to wait to get a consultation
with the physician was reasonable. Strongly Agree.....Agree NeutralDisagree
- I was satisfied with the computer imaging. Strongly Agree.....Agree NeutralDisagree
- I was satisfied with the information and surgical description
provided by the physician Strongly Agree.....Agree NeutralDisagree
- The office staff was attentive to my needs. Strongly Agree.....Agree NeutralDisagree
- The written materials that I received prior to surgery satisfied my needs. Strongly Agree.....Agree NeutralDisagree
- I was satisfied with the way I was prepared for surgery. Strongly Agree.....Agree NeutralDisagree
- I was satisfied with the care that I received the morning of surgery. Strongly Agree.....Agree NeutralDisagree
- I was satisfied with where I had my surgery. Strongly Agree.....Agree NeutralDisagree
- I was satisfied with my follow-up care. Strongly Agree.....Agree NeutralDisagree
- The fees for surgery were reasonable. Strongly Agree.....Agree NeutralDisagree

Additional Comments:

THANK YOU for taking the time to complete this questionnaire!

May we share your confidential comments with prospective patients? Yes No

Would you like someone to call you regarding any of your responses? Yes No

Physician seen at practice: Dr. Mehan Dr. Johnson Dr. Jespersen Dr. Singh

Name (optional) _____ Phone _____