



# METROPOLITAN PLASTIC SURGERY

313 Park Avenue Suite 100A Falls Church, VA 22046

14908 Richmond Highway, Woodbridge, VA 22191

## PATIENT SURVEY INITIAL CONSULTATION

For what reason were you seen by Dr. Marefat: \_\_\_\_\_

How did you learn about our practice?

☐ Physician referral

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

☐ Friend or relative (non-patient)

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

☐ Another patient

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

☐ Yellow Pages

☐ Internet

☐ Other: \_\_\_\_\_

Were you able to get an appointment time that was convenient for you? ☐ Y ☐ N

In which office were you seen ? \_\_\_\_\_

Was the location convenient for you? ☐ Y ☐ N

Did you find our staff helpful on the phone when you made your appointment? ☐ Y ☐ N

What did you **like** about our office? \_\_\_\_\_

What did you **dislike** about our office? \_\_\_\_\_

How were we able to answer your questions?

☐ Very well

☐ Acceptable

☐ Not well

☐ Other: \_\_\_\_\_

What factor is most important to you in choosing a plastic surgeon?

☐ Reputation of the Surgeon

☐ Level of comfort with the surgeon and his/her staff

☐ Price

☐ Other: \_\_\_\_\_

Would you recommend us to your friends or relatives? ☐ Y ☐ N

Rate our practice on a “zero-to-ten” scale (10 being the best): \_\_\_\_\_

Would you like to be on our mailing list? ☐ Y ☐ N

Email address: \_\_\_\_\_