

## PATIENT SURVEY AFTER SURGERY

### AFTER SURGERY

Dear Patient:

In an effort to provide you with the best possible service, we would like your input, therefore, we request that you complete the following questionnaire. It is not necessary that you identify yourself, but you may do so if you wish.

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

How many procedures have you had done here? \_\_\_\_\_

How long have you been a patient here? (check one)       less than 1 year       3-5 yrs  
 1-3 yrs       over 5 yrs

#### About Your Surgery:

Have your expectations been met?       Y       N  
Do you think your result is natural ?       Y       N  
Did you find the facility satisfactory?       Y       N

What, if anything, would you like to see different in your surgical outcome? \_\_\_\_\_  
\_\_\_\_\_

#### About Your Care:

Did you feel you were adequately prepared for surgery?       Y       N  
Did you feel you received satisfactory care at the surgical facility?       Y       N  
Did you feel that you received satisfactory care after your surgery?       Y       N  
Please explain any "no" responses: \_\_\_\_\_  
\_\_\_\_\_

#### About Our Staff:

Do they seem knowledgeable?       Y       N  
Are they courteous?       Y       N  
When you phone our office, is the staff's phone manner professional?       Y       N  
Please explain any "no" responses: \_\_\_\_\_  
\_\_\_\_\_

#### Let Us Know:

Have you recommended us to others?       Y       N  
What can we do to better serve you? \_\_\_\_\_  
Would you like to be on our mailing list ?       Y       N      email /mailing info: \_\_\_\_\_