



METROPOLITAN PLASTIC SURGERY

315 Park Avenue Suite 100A Falls Church, VA 22046

14908 Jefferson Davis Highway, Woodbridge, VA 22191

PATIENT SURVEY INITIAL CONSULTATION

For what reason were you seen by Dr. Marefat: _____

How did you learn about our practice?

- | | |
|---|------------------------|
| <input type="checkbox"/> Physician referral | Name: _____ (optional) |
| <input type="checkbox"/> Friend or relative (non-patient) | Name: _____ (optional) |
| <input type="checkbox"/> Another patient | Name: _____ (optional) |
| <input type="checkbox"/> Yellow Pages | |
| <input type="checkbox"/> Internet | |
| <input type="checkbox"/> 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: _____