



METROPOLITAN PLASTIC SURGERY

315 Park Avenue Suite 100A Falls Church, VA 22046

14908 Jefferson Davis Highway, Woodbridge, VA 22191

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: _____