Dear Patient,

l.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:  - courteous? Yes No  - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you?  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  ✓ Yes ☐ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you? Yes, sleep much So,
	D.	Was accreditation of the facility important to you?
		What do you think of our brochure and letters?
	F.	If you consider another plastic surgery office? The No pescand multiple of yes, why did you choose our office rather than the others? Sites / DRS, If no, why did you only consider our office?

III.	NU	JRSING STAFF AND SUR	GERY SCHEDULIN	IG		
	A.	In your initial visit to our o	ffice, were our purs	es:		
		- informative?	☑ Yes		No	
		- caring?	☑ Yes		No	
		- professional?	☐ Yes		No	
	B.	Were your financial arran	gements made in a د کار	prof	essior	nal and unembarassing manner?
	_	After your eurgen was so	no adt bib batubad.		4 af aa	ntest initiated by the purpose most your
	C.	pre-operative needs?	neduled, did the an	ioun	t or co	ntact initiated by the nurses meet your
			Y	(2)		
	D.	Do you feel the nursing s	⊖ taff was easily acce	ssihl	e if vo	u had a question or concern?
	υ.	Do you leer the haloling o	Al		C II JO	a mad a question of someoni.
	=	\M/hat do you think about				I neet on instructions?
	E.	What do you think about	Λ -	CKa	ge and	r post-op met actions?
					4	
	F.	Is there anything the nurs	^		e to in	nprove your experience?
			JV			. ()
IV.	PΗ	YSICIAN AND SURGERY				
	A.	Was your surgeon's surg				
		- knowledgeable?	Yes		No	0
		- caring?	Yes		No	
		- thorough?	☑ Yes		No	
		- professional?	Yes 7		No	
		- patient?	☐ Yes		No	
	В.	Did your pre and post-ope	erative care meet yo	ur n	eeds?	yes
	_				ا می ما	
	C.	How do you feel about yo		LX		lleat, couldn't be happe
	_		ededony			ectations 11
	D.	Is there anything your sur	geon could have dó از	ne to ∖/⊜	impr	ove your experience?
		9	Ü	V		
V.		LLOW UP				
	A.	If there were a need for yo	ou to have plastic su	ırger	y agai	n, would you return to our office?
	_					
	В.	Do you recommend our o	ffice to your friends	or re	elatives	s considering plastic surgery?
VI.	Ma	welcome your comments	and euganetions:		,	$\mathcal{O}$
VI.	vve	welcome your comments	and suggestions.	1/	an	K 404
	Nar	me (optional):			Teleph	one #_

Dear Patient,

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l.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous?
		- helpful? Yes D No
	В.	During your visits to the office, were our receptionists:
		- friendly? \( \overline{\text{Yes}} \) No
		- responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician Physician
		Print/MediaOther_Web , Seogle 4
11.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:
	A.	- the surgery to be done?
		- the potential risks and complications? Yes No
	Б	
	Ð.	Were all of your questions answered?
		yes
	C.	Was accreditation of the surgeon important to you?
		ges .
	D.	Was accreditation of the facility important to you?
		yes
	E.	What do you think of our brochure and letters?
		Full and complete
	F.	Did you consider another plastic surgery office?   Yes No
		If yes, why did you choose our office rather than the others?
		nigot, and you should be seen and the seen and the
		If no why did you only consider our office?

NU	IRSING STAFF AND SURGE	RY SCHEDULIN	IG		
A.	In your initial visit to our office	e, were our nurs	es:		
	- informative?	Yes		No	
	- caring?	∑ Yes		No	
	- professional?	Yes Yes		No	
В.	Were your financial arrange	ments made in a	•		nal and unembarassing manner?
C	After your surgery was sche	duled did the am	- 1/		intact initiated by the nurses meet your
0.	pre-operative needs?	ges	loui	. 01 00	Wilder Hillians Sy the Harese Hills year
D.	Do you feel the nursing staff	was easily acce	ssib	le if yo	u had a question or concern?
		-		-	
E.	What do you think about the	-		ge and	d post-op instructions?
	,			_	
_	In these anything the pursing			· · · ·	
Г,	is there anything the nursing	stan could have	uoi	ie io ii	iprove your experience:
			74	7	tu.
				<i>'</i>	
A.	•		_	Ala d	
	=				
	<del>-</del>		_		
	<del>-</del>		3		7
	•				
	- patient?	XI) Yes	4	No	
B.	Did your pre and post-opera	tive care meet yo	ur r	eeds?	Jes
C.	How do you feel about your	surgical result?	8	rapy	BY
_					ove vour experience? H-O
D.	Is there anything your surge	on could have do	ne t	o impr	ove your experience?
	···-				
					·
Α.	If there were a need for you	to nave plastic st	urge	ry aga	in, would you return to our office?
B.	Do you recommend our office	e to your friends	or r	elative	s considering plastic surgery?
We	welcome vour comments an	d suggestions:			
		· · · · · · · · · · · · · · · · · · ·			
			_		
Nar	me (optional):			Teleph	none#_
	A.  B. C. D. FO A. B. Wei	<ul> <li>A. In your initial visit to our office - informative? - caring? - professional?</li> <li>B. Were your financial arrange</li> <li>C. After your surgery was sche pre-operative needs?</li> <li>D. Do you feel the nursing staff</li> <li>E. What do you think about the</li> <li>F. Is there anything the nursing</li> <li>PHYSICIAN AND SURGERY</li> <li>A. Was your surgeon's surgica - knowledgeable? - caring? - thorough? - professional? - patient?</li> <li>B. Did your pre and post-opera</li> <li>C. How do you feel about your surgeon</li> <li>D. Is there anything your surgeon</li> <li>FOLLOW UP</li> <li>A. If there were a need for you</li> <li>B. Do you recommend our office</li> </ul>	A. In your initial visit to our office, were our nurs - informative? - caring? - professional?  B. Were your financial arrangements made in a pre-operative needs?  D. Do you feel the nursing staff was easily access.  E. What do you think about the pre-operative parameters.  F. Is there anything the nursing staff could have the pre-operative parameters knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your care meet your surgeon could have do pour surgeon	- informative? - caring? - professional?  B. Were your financial arrangements made in a pro  C. After your surgery was scheduled, did the amount pre-operative needs?  D. Do you feel the nursing staff was easily accessiby  E. What do you think about the pre-operative packath was your surgeon's surgical treatment knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your note.  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to the follow up.  A. If there were a need for you to have plastic surge.  We welcome your comments and suggestions:	A. In your initial visit to our office, were our nurses: - informative? - caring? - professional?  B. Were your financial arrangements made in a profession - professional?  C. After your surgery was scheduled, did the amount of corpre-operative needs?  D. Do you feel the nursing staff was easily accessible if you will be sure of the pre-operative package and will be sure of the pre-opera

Dear Patient,

	~=	
l.		In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly? ★ Yes □ No - responsive? ★ Yes □ No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/FriendPhysician
		Print/Media Nternet Other
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes No
	B.	Were all of your questions answered?  UCS
	C.	Was accreditation of the surgeon important to you? UCS
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? 🌠 Yes 🔲 No
		If yes, why did you choose our office rather than the others?  Seemed a better fit, more comfertable  If no, why did you only consider our office?

III.	NU	JRSING STAFF AND SURGERY SC	HEDULIN	IG		
	A.	In your initial visit to our office, were	our nurse	es:		
		- informative?	<b>⊠</b> Yes		No	
		- caring?	Yes Yes		No	
		- professional?	☑ Yes		No	
	В.	Were your financial arrangements i	made in a	prof	essic	nal and unembarassing manner?
	C.	<b>.</b>	did the am	oun	t of c	ontact initiated by the nurses meet your
		yes			4	
	D.	Do you feel the nursing staff was ea	asily acces	ssibl	e if yo	ou had a question or concern?
	E.	What do you think about the pre-op	erative pa	cka	ge an	d post-op instructions?
		heloful	·			
	F.	Is there anything the nursing staff c	ould have	don	e to i	mprove your experience?
		NO	(			. ()
IV.	PH	YSICIAN AND SURGERY				
	A.	Was your surgeon's surgical treatm	ent:			
		- knowledgeable?	Z Yes		No	
		- caring?	Yes Yes		No	
		- thorough?	Yes		No	
		- professional?	Yes		No	
		- patient?	Yes		No	
				4		
	B.	Did your pre and post-operative car	e meet yo	ur n	eeds'	?
	C.	How do you feel about your surgica	result?			
				1		
	D.	Is there anything your surgeon coul			o imp	rove your experience?
			NO		•	·
V.	FO	LLOW UP	140			
		If there were a need for you to have	plastic su	ırgei	y aga	ain, would you return to our office?
		Ues		_		
	В.	Do you recommend our office to you	ur friends	or re	elative	es considering plastic surgery?
				(	IPC	
VI.	We	e welcome your comments and sugge	estions:	_	100	
	Nar	me (optional):		•	Telep	hone #_

Dear Patient,

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I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? Yes No
		- helpful? '¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬
	B.	During your visits to the office, were our receptionists:
		- friendly? Yes D No
		- responsive? 🙀 Yes 🗖 No
	C.	Did the waiting time seem reasonable to you? Yes D No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/Media Other 1 Nearched & interincentally ears ago when
		Print/Media Other the Marched & intraincured Gyeans ago, when the had my initial surgery.
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes  No
		- the potential risks and complications? Yes 🗖 No
	B.	Were all of your questions answered?
		yes
	C.	Was accreditation of the surgeon important to you?
		yes
	D.	Was accreditation of the facility important to you?
		ues
	E.	What do you think of our brochure and letters?
	_,	comprehensive, reasoning in its thorougness.
	F.	Did you consider another plastic surgery office? Yes No - this have
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		I you did the intal procedure, the was happy of the
		You did the initial procedure to I was happy a the experience. I was happy to come back, not
		to be a to make that decision again

III.	NU	IRSING STAFF AND SURGERY S	CHE	DULIN	1G		
	A.	In your initial visit to our office, we	re oi	ur nurs	es:		$\mathcal{C}_{\mathcal{O}}$
		- informative?	ÌΧį	Yes		No	
		- caring?	X	Yes		No	
		- professional?	R	Yes		No	
	B.	Were your financial arrangements	ma	de in a	prof	essio	nal and unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did	the am	oun	t of co	ontact initiated by the nurses meet your
	D.	Do you feel the nursing staff was o	easil	y acce	ssibl	e if yo	ou had a question or concern?
		yes				-	
	E.	What do you think about the pre-o				ge and	d post-op instructions?
		excellent + compr	e hi	viens	۷,		
	F.	Is there anything the nursing staff	coul	d have	don	e to ir	mprove your experience?
		Nopl.			7		C
IV.	PH	YSICIAN AND SURGERY			U		• 0
	A.	Was your surgeon's surgical treatr					
		- knowledgeable?	N	Yes		No	
		- caring? - thorough?	X	Yes		No	
		- professional?	Ϋ́I	Yes Yes		No No	7
		- patient?	Z Z	Yes		No No	
		patient	JAC.	100	7		
	B.	Did your pre and post-operative ca	re m	neet yo	ur ne	eeds?	
	_	yes					
	C.	How do you feel about your surgica	al res	sult?			
	Ь	In these anothing your purgoes and	lal la	and day	4_		
	D.	Is there anything your surgeon cou	IU Na	ave do	ne to	ımpı	ove your experience?
V.	FOI	LLOW UP					
		If there were a need for you to have	e pla	astic su	ırger	y agai	in, would you return to our office?
		yes	•		Ū		•
	B.	Do you recommend our office to yo	our fi	riends	or re	lative	s considering plastic surgery?
		yes					
VI.	We	welcome your comments and sugg	estic	ons:			
				<b>9</b> 3			
	Nan	ne (optional):_			_ 1	eleph	none #_

Dear Patient,

I.	OF A.	In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes  No - responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? 🙀 Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  (Family/Friend WOVA WOND)  Print/Media  Other
II.	ТН	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  Yes □ No
	В.	Were all of your questions answered?  UCS
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Very Mfor Mathe, Made Mc feel Comfortable Did you consider another plastic surgery office?   Yes Vo
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		1 rest extremely comfortable with Dr. Nachbar & nis only Bar Stark
		that made the Some I could now him
		my surgery would be a success.

III.	NURSING STAFF AND SURGERY	SCHEDULIN	<b>I</b> G		
	A. In your initial visit to our office, we	ere our nurs	es:		
	- informative?	<b>∀</b> ††) Yes		No	
	- caring?	Yes Yes		No	
	- professional?	Yes Yes		No	
	B. Were your financial arrangement	ts made in a	prof	essional and u	nembarassing manner?
	C. After your surgery was scheduled pre-operative needs?	d, did the am		t of contact initi	
	D. Do you feel the nursing staff was	-	ssibl V\	e if you had a q	uestion or concern?
	E. What do you think about the pre-	operative ba	i r acka	ge and post-op	instructions?
	F. Is there anything the nursing staf	f could have			our experience?
	, 0,	: amo	171	Y10 ! C	
IV.	PHYSICIAN AND SURGERY			4	
	A. Was your surgeon's surgical trea			No CO	
	- knowledgeable?	Yes		No	
	- caring?	Yes		No	
	- thorough?	Yes Yes		No	
	- professional? - patient?	Yes Yo Yes		No No	
	- patient?	ГЭ 1 сэ	U	WO	
	B. Did your pre and post-operative of	care meet yo V\/\\ I	our n >√1	eeds? DECTOLT	ic
	C. How do you feel about your surgi	cal result?	∵N	7	
	D. Is there anything your surgeon co	M.S	MO	10K,110	ive the results
	D. Is there anything your surgeon co	puja nave ac	one to	o improve your	experience?
	MO to YOM	1.			
V.	FOLLOW UP				
	A. If there were a need for you to ha	ave plastic si	urgei	ry again, would	you return to our office?
	MOST OTOMINI	thy			
	B. Do you recommend our office to	your friends	or re	elatives conside	ering plastic surgery?
VI.	We welcome your comments and su	Management (			
¥ 1.	vvc welcome your comments and su	ggc300113.			
	Name (optional)			Telephone #_	

Dear Patient,

l.		In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? 🗹 Yes 🗀 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.	ТН	E CONSULTATION PROCESS
•••		Was your consultation educational and helpful in understanding:
		- the surgery to be done?  - the potential risks and complications?  Tyes I No
	B.	Were all of your questions answered?
		YES
	C.	Was accreditation of the surgeon important to you?  yes
	D.	Was accreditation of the facility important to you?  YES
	=	What do you think of our brochure and letters?
	上.	VERY IMPORMATIVE
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		THE PROFFESSIONALISM, EXPERIENCE, REFERRAC.

A.	In your initial visit to our office	, were our nurs	es:						
	- informative?	☐ Yes		lo					
	- caring?	Yes		lo					
	- professional?	☑ Yes		lo					
В.	Were your financial arrangen	nents made in a	profes	ssional and	unembarassing manner?				
	465								
C.	After your surgery was sched pre-operative needs?	uled, did the an	nount c	of contact i	nitiated by the nurses meet your				
D.	Do you feel the nursing staff	was easily acce	ssible	if you had	a question or concern?				
	YES	•							
E.	What do you think about the	nre-onerative n	ackade	and post-	on instructions?				
<b></b> .	VERY HELPFUL &	INFORM	297 VE	<u>z</u> _					
F.	Is there anything the nursing	staff could have	done	to improve	your experience?				
	NO, THEY DID E	VERYTHIN	15 7	o MY	EXPECTATIONS.				
РН	IYSICIAN AND SURGERY								
	Was your surgeon's surgical	treatment:	~						
	- knowledgeable?	✓ Yes		10					
	- caring?	☑ Yes		lo					
	- thorough?	☑ Yes		10					
	- professional?	☐ Yes		No					
	- patient?	☐ Yes		<b>l</b> o					
		_ \	4						
B.	Did your pre and post-operat	ive care meet y	our ne	eds?					
	YES								
C.	How do you feel about your s	urgical result?							
	VERY PLEASED								
D.	Is there anything your surgeon could have done to improve your experience?								
	NO CO								
FO	DLLOW UP								
	A. If there were a need for you to have plastic surgery again, would you return to our office?								
	ABSOLUTELY								
В		e to vour friends	or rel	atives cons	sidering plastic surgery?				
٠.	Do you recommend our office to your friends or relatives considering plastic surgery?  ABSOLUTELY								
W	e welcome your comments and	d suggestions:							
14	SEEP UP THE G	000 000	ex.						
_									
_									

Dear Patient,

I.		In your initial contact by phone, were our receptionists:
		- courteous? No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/MediaOther_U_T_0/10_T
н	TII	E CONSULTATION PROCESS
II.		Was your consultation educational and helpful in understanding:
	<i>,</i> 1.	- the surgery to be done? Yes  No
		- the potential risks and complications?
	В.	Were all of your questions answered?
	υ.	Vere all of your questions anomored.
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
		Q-1,00ct
	F.	Did you consider another plastic surgery office? Yes No
		If yes, why did you choose our office rather than the others?  I would the M. Allat Attitude - positive if no, why did you only consider our office? a boot vesselts that
		If no, why did you only consider our office?
		could be acheived
		Stabb very briendly 11
		Shann is innovation !!

II.		IRSING STAFF AND SURG				$\mathcal{C}_{\mathcal{O}}$
	A.	In your initial visit to our offi	_ /	_	N1.	
		- informative?	Yes		No	
		- caring?	Yes		No No	
		- professional?	Yes (	Ц	No	
	B.	Were your financial arrange	ements made in a	prof	essic	onal and unembarassing manner?
		(XL)	$\mathcal{I}$			
	C.	After your surgery was sch	eduled, did the an	noun	t of c	ontact initiated by the nurses meet your
		pre-operative needs?	$\mathcal{O}$			
	D.	Do you feel the nursing sta	() If was easily acce	ssibl	e if y	ou had a question or concern?
		VOVX	mul		4	
	E.	What do you think about th	e pre-operative pa	acka	ge ar	nd post-op instructions?
		Mont	11/1/10/	'nΛ	$\mathcal{N}^{-}$	1701
	F.	Is there anything the nursin	g staff could have	don	e to i	improve your experience?
		NO M	9	7	7	. ()
V.	PH	IYSICIAN AND SURGERY	<b>S</b>			
	A.	Was your surgeon's surgice	al treatment:			
		- knowledgeable?	Yes		No	
		- caring?	Yes Yes		No	
		- thorough?	YL Yes		No	
		- professional?	XI Yes		No	
		- patient?	Yes Yes		No	
	В.	Did your pre and post-oper	ative care meet ye	our n	eeds	3? 101 A
			,			403
	C.	How do you feel about you	surgical result?			0
		VOV	napp	4		
	D.	Is there anything your surg	eon could have do	on <b>e</b> t	o imp	prove your experience? \(\int\)
				•	·	, , , ,
٧.	FO	OLLOW UP				
	A.	If there were a need for you	ı to have plastic s	urge	ry ag	ain, would you return to our office?
		Dot	111at (4			
	B.	Do you recommend our off	ice to your friends	or r	elativ	res considering plastic surgery?
VI.	We	e welcome your comments a	n <b>d</b> suggestions:			
	_			······································		
	<del>,,,,,,</del>					
	Nο	ame (optional):			eler	phone #
	INC	and (optional).			J. 51	

Dear Patient,

l.	OF	FICE STAFF AND PROCEDURES	
	A.	In your initial contact by phone, were our receptionists:	
		- courteous? 🗹 Yes 🧻 No	
		- helpful?	
	B.	During your visits to the office, were our receptionists:	
		- friendly?	
		- responsive?	
	C.	Did the waiting time seem reasonable to you? ☐ Yes ☐ No	
	D.	What was your source of referral to our practice? If more than one applies, pleas of importance.	ise indicate order
		Family/Friend Physician	<del></del>
		Print/MediaOther	_
13	T111	E CONSULTATION PROCESS	
II.		Was your consultation educational and helpful in understanding:	
	Λ.	- the surgery to be done? Yes  No	
		- the potential risks and complications?	
	В	Were all of your questions answered?	
	Б.	vvere all of your questions answered:	
	C.	Was accreditation of the surgeon important to you?	
		74.5	
	D.	Was accreditation of the facility important to you?	
		425	
	E.	What do you think of our brochure and letters?	
		informative	
	F.	Did you consider another plastic surgery office?Yes No	
		If yes, why did you choose our office rather than the others?	
	1	lots of information/friendles	
		If no, why did you only consider our office?	

A.	•		es:		
	- informative?	Yes		No	
	- caring?	∠⊠ Yes		No	
	- professional?	<b>∃</b> _Yes	ليا	No	
B.	Were your financial arrange	ements made in a	pro	fession	al and unembarassing manner?
C.	After your surgery was sche pre-operative needs?	eduled, did the an	noun	t of cor	ntact initiated by the nurses meet your
		4	ا		
D.	Do you feel the nursing staf	f was easily acce	ssib	le if you	had a question or concern?
			L	<u>_</u>	
E.	What do you think about the	pre-operative pa	acka	ge and	post-op instructions?
		Wonder	- 43	5	
F.	Is there anything the nursing	g staff could have	dor O	e to im	prove your experience?
PH	YSICIAN AND SURGERY		1		
A.	Was your surgeon's surgica	I treatment:			
	- knowledgeable?	_ Yes		No	
	- caring?	<b>⊉</b> ₋ Yes		No	
	- thorough?	Yes			
	- professional?	Yes Yes		No	
	- patient?	Yes		No	
B.	Did your pre and post-opera	itive care meet y	our n	eeds?	
		yes			
C.	How do you feel about your	surgical result?	LO	1	
D.	Is there anything your surge		one t	o impro	ve your experience?
FO	LLOW UP				
A.		to have plastic s	urge	ry agaiı	n, would you return to our office?
В.	Do you recommend our office	ce to your friends	or r	elatives	considering plastic surgery?
We	e welcome your comments ar	nd suggestions:	ب		

Dear Patient,

<b>l.</b>		In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful?  Yes  No
	B.	During your visits to the office, were our receptionists: - friendly? ☐ Yes ☐ No - responsive? ☐ Yes ☐ No
	C.	Did the waiting time seem reasonable to you? ☑ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Been to Practice before Circl Loue the Staff as WEII as the Service
II.	TH	E CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding: - the surgery to be done?   Tild Yes □ No - the potential risks and complications?   Yes □ No
	B.	Were all of your questions answered? $\bigvee \mathcal{ES}$
	C.	Was accreditation of the surgeon important to you? √∠≲
	D.	Was accreditation of the facility important to you?
		YES
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?  BEEN to this office before  and the staff is wonderful
		the doctor is great and
		I LOVE his work.

III.	NU	NURSING STAFF AND SURGERY SCHEDULING	
	A.	A. In your initial visit to our office, were our nurses:	
		- informative?	
		- caring?	
		- professional? Yes 🗖 No	
	B.	B. Were your financial arrangements made in a professional and un $\sqrt{\mathcal{E}}$	embarassing manner?
	C.	C. After your surgery was scheduled, did the amount of contact initial pre-operative needs?	ted by the nurses meet your
	D.	D. Do you feel the nursing staff was easily accessible if you had a quality	uestion or concern?
	E.	1	nstructions?
	F.		
			•
IV.	РΗ	PHYSICIAN AND SURGERY	
		A. Was your surgeon's surgical treatment:	
		- knowledgeable?	
		- caring?	
		- thorough? Yes No	
		- professional? Yes No	
		- patient?	
		patient	
	В.	B. Did your pre and post-operative care meet your needs?	
		VES	
	С	C. How do you feel about your surgical result?	
	0.	LOVE There	\
	n	D. Is there anything your surgeon could have done to improve your	
	ъ.	in the state of th	
٧.	FΩ	FOLLOW UP	
••		A. If there were a need for you to have plastic surgery again, would	ou return to our office?
		1189 0	incl have had third
	B.	B. Do you recommend our office to your friends or relatives conside	(1 · 6 · 6 · 1
VI.	۱۸۱۵	We welcome your comments and suggestions:	, , , , , , , , , , , , , , , , , , ,
¥ 1.		I have sent alot of f	reends and
	$\pm$	family and I will sen	of more
	_		
	Na	Name (optional): Telephone #	

Dear Patient,

l.

l.	OF	FICE STAFF AND PROCEDURES
••	Α.	In your initial contact by phone, were our receptionists:
		- courteous? 👿 Yes 🗖 No
		- helpful? Yes I No
	B.	During your visits to the office, were our receptionists:
		- friendly?  Yes  No
		- responsive? ☑ Yes ☐ No
	C.	Did the waiting time seem reasonable to you? ☑ Yes ☐ No
	D.	
		of importance.
		Family/Friend Physician Physician 2 52 of out
		Print/MediaOther_OtherOtherOtherOther_OtherOther_OtherOtherOther_OtherOther_Other_OtherOther_Other_Other_Other_OtherOther_Othe
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications?
	B.	Were all of your questions answered?
		VUS -
	C	/ Was accreditation of the surgeon important to you?
	О.	
	Ь	Was accreditation of the facility important to you?
	D.	
	E.	ソグタ What do you think of our brochure and letters?
	<b></b> .	excellent - quat Information
	F.	Did you consider another plastic surgery office? ▼ Yes □ No
		If yes, why did you choose our office rather than the others?
		The fold me what I wan heel couldn't be done
		If no, why did you only consider our office?

III.	ΝŲ	IRSING STAFF AND SURGERY SCHEDULING
	A.	In your initial visit to our office, were our nurses:
		- informative?
		- caring?
		- professional? Yes 🗖 No
	ь	Were your financial arrangements made in a professional and unembarassing manner?
	В.	yes-
	C.	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?
	D.	Do you feel the nursing staff was easily accessible if you had a question or concern?  What do you think about the pre-operative package and post-op instructions?  What do you think about the pre-operative package and post-op instructions?
	E.	What do you think about the pre-operative package and post-op instructions?
		-110 griooums
	F.	Is there anything the nursing staff could have done to improve your experience?  You have a superior Staff - Have them all!
IV.	РН	IYSICIAN AND SURGERY
	A.	Was your surgeon's surgical treatment:
		- knowledgeable? Yes 🗖 No
		- caring? Yes No
		- thorough?
		- professional? Yes No
		- patient? Yes No
		padone.
	B.	Did your pre and post-operative care meet your needs?
		Vas
		How do you feel about your surgical result? Life changing Love it!
	D.	Is there anything your surgeon could have done to improve your experience? No Hing OV N
		in auresme!
٧.	FO	I OW UP
	A.	If there were a need for you to have plastic surgery again, would you return to our office?
	B.	Do you recommend our office to your friends or relatives considering plastic surgery?
VI.	We	e welcome your comments and suggestions:
		wow- what an awesome freum you have -
		Dr N. yen are fabluard who says dreams
		don't come true - mine did - I low your work! Thankyou
	Na	me (optional): Telephone #

Dear Patient,

l.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:  - courteous?   ✓ Yes   No - helpful?  ✓ Yes   No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes D No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Other Deen Mare Mare
II.		Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes  No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  Hery Enformative
	F.	Did you consider another plastic surgery office? ☑ Yes ☐ No
		If yes, why did you choose our office rather than the others? Because I have been frere before and trust 101. Machbar. I have the staff too. If no, why did you only consider our office?

III.	NU	RSING STAFF AND SURGERY S	CHEDULIN	1G					
	A.	In your initial visit to our office, we	e our nurs	es:					
		- informative?	✓ Yes		No				
		- caring?	☑ Yes		No				
		- professional?	☑ Yes		No				
	В.	Were your financial arrangements	made in a	prot	essi	onal and unembarassing manner? Yes			
	C.	After your surgery was scheduled, pre-operative needs?	did the am	noun	t of c	contact initiated by the nurses meet your			
	D.	Do you feel the nursing staff was e	asily acce	ssibl	e if y	ou had a question or concern? Y			
	E.	What do you think about the pre-o	perative pa	acka	ge ai	nd post-op instructions?			
	F.	Is there anything the nursing staff	could have	dor	e to	improve your experience? 10			
IV.	PН	YSICIAN AND SURGERY							
		Was your surgeon's surgical treatr	nent <sup>.</sup>						
	, ,,	- knowledgeable?	✓ Yes		No				
		- caring?	Yes		No				
		-	✓ Yes		No				
		- thorough?							
		- professional?	Yes	Т	No				
		- patient?	Yes	3	No				
	В.	Did your pre and post-operative ca	ire meet yo	our n	eeds	? Yeo.			
	C.	How do you feel about your surgic	al result?	Œ	đОС	l			
	D.	Is there anything your surgeon cou	ild have do	ne t	ımi c	prove your experience? ${\cal M}_{\cal O}$			
V.	FO	LLOW UP							
			e plastic s	urge	ry ag	ain, would you return to our office? 🔱			
	В.	Do you recommend our office to y Leven anybody to	our friends Wat wo	or r	elativ	res considering plastic surgery? I dint idering Durgery, but if ( ) would,			
VI.	We	welcome your comments and sugg	jestions: (	JUC O	Con.	Willia ,			
		[							
	Naı	me (optional):			Tele	phone #_			

Dear Patient,

l.		In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists:  - friendly?  - responsive?  Yes  No  No
	C.	
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other T've known Dr. No choar for many years in a professional association
H.	TH	F CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  ✓ Yes ☐ No
	В.	Were all of your questions answered? $\sqrt{e5}$
	C.	Was accreditation of the surgeon important to you? UPS
	D.	Was accreditation of the facility important to you? $Ue5$
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? 🗍 Yes 🛱 No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		Dr. Nachbar's Skills and reputation.

		$\Gamma$							
		In your initial visit to our office							
	Α.	- informative?	i∌ Yes		No				
		- caring?	ĭ⊠ Yes		No				
		- professional?	Ä Yes	П	No				
		·							
	В.	Were your financial arranger	ments made in a	pro	fessional and une	mbarassing manner?			
		yes .			t of contact initiati	ed by the nurses meet your			
	C.	After your surgery was sche	duled, did the ar	noui	II OI COIILACE IIIIIAE	ou by and management,			
		pre-operative needs? U &	<sup>2</sup> 5		^				
		•							
	D.	Do you feel the nursing staff	was easily acce	essib	le if you had a qu	estion or concern?			
		Nes							
	_	What do you think about the	one-onerative n	acka	age and post-op in	estructions?			
	E.			aoin	go ama peeer ;				
		very good.	•		• • (				
	F.	Is there anything the nursing	g staff could hav	e do	ne to improve you	r experience?			
	•	NIO			7 (1				
		100							
	PH	IYSICIAN AND SURGERY	i teratmont						
	Α.		a treatment.	•	ı No				
		- knowledgeable?	Yes						
		- caring?	Yes Yes	_					
		- thorough?	<b>⊠</b> Yes						
		- professional?	Yes Yes		] No				
		- patient?	(X) Yes		] No				
			•						
	В.	Did your pre and post-oper	ative care meet	your	needs?				
		1105							
	_	. How do you feel about you	r surgical result?	•					
	C	Very 90c	d						
		very you	L.P.	مما	to improve VOUE	experience?			
	D	. Is there anything your surg	eon could nave	done	to improve your	experience.			
		NO							
	F	OLLOW UP							
•	Α		u to have plastic	sur	gery again, would	you return to our office?			
		a healu.	Lelu al	വർ	LWIL	I III the tature.			
	A. If there were a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for you to have plastic surgery again, would you have a need for your file of the have a need for you have a need for your file of the have a need for your file o								
	E		noc to your man						
			and auggestions						
/l.	V	Ve welcome your comments	and suggestions						
	-								
	_								
	_								
	_								
	N	Name (optional):			Telephone #				
	,	· · · · · · · · · · · · · · · · · · ·							

Dear Patient,

l.

1.	OF	In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful? Yes  No
	В.	During your visits to the office, were our receptionists:  - friendly?
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other
11.	TH A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? Yes  No
		If yes, why did you choose our office rather than the others?  Stath was more friendly thonest  If no, why did you only consider our office?

ľ			AIIDII		```	-		
Ш.	NUF	RSING STAFF	AND SURGERY	SCHEDULIN	G			
	A.		sit to our office,	were our nurse	:S.	No		
		<ul><li>informative?</li></ul>				No	( )	
		- caring?		Yes Yes		No		
		- professional?	,	.⊵j res	LJ	NO		
	В.	Were your fina	incial arrangeme	ents made in a	prof	essior	ional and unembarassing manner?	
		yes	>					
	C.	After your surg	jery was schedu needs?	ıled, did the am	oun	t of co	contact initiated by the nurses meet your	
		· M	20	_	••		way had a quastion or concern?	
	D.	Do you feel th	e nursing staff w	vas easily acce	SSID	e it yo	you had a question or concern?	
		yes				4	7. 0	
	E.	What do you t	think about the p	ore-operative pa	acka	ge an	and post-op instructions?	
	ш.		fect					
				staff could have	doi	ae to ii	o improve your experience?	
	F.	Is there anyth	ing the nursing s	Stail Could Have	, 00	ا ق ق	ol o Au	
		100, H	ey we	il W		na	alio	
IV.		IYSICIAN AND						
	Α.	Was your sur	geon's surgical t	treatment:				
		- knowledgea		☑ Yes				
		- caring?		☑ Yes		No	0	
		- thorough?		Yes		No	0	
		- professiona	l?	☑ Yes		No	0	
		- patient?		.☑ Yes		No	0	
		•					<i>'</i>	
	В	Did your pre	and post-operat	ive care meet	our	needs	ds?	
	_	theo i	plus	200	\ <u>C</u>	خسدي	•	
	_	How do you	feel about your s	surgical result?				
		-0101	PILI	Dut	2 1	بناند	ish chwould have go	ne
	_	5		Could have	lone	∕¹to im	mprove your experience?	
	U			511 00 <b>a</b> .a .ia.				
		Nab						
٧.	F	OLLOW UP			our/	າດກະຕະ	again, would you return to our office?	
	A	. If there were	a need for you	to have plastic	Surg	gery at	again, would you return to our office?	
B. Do you recommend our office to your friends or relatives considering plastic surgery?						1 Indian alestic ourgon/2		
	Е	B. Do you reco	mmend our offic	ce to ybur friend	ds o	r relati	atives considering plastic surgery?	
		$\sim$ $\sim$ $\sim$	>				,	
VI	. V	Ve welcome yo	ur comments an	nd suggestions:	4	$\Omega$	experience. Thank	5
to you all						Exponence		
						<del></del>		
	-	(/						_
	-							
	1	Name (optional)				Tel	elephone #_	
		ranic (optional						

P	A '	TIENT SATISFACTION QUESTIONNAIRE
		abit over due is Just found
		ar Patient, this again! gorry ")
	Hav our	re you been wanting to tell us what you think? We'd love to know! Will you please help us improve patient care by completing this anonymous questionnaire? We welcome your comments!
		FICE STAFF AND PROCEDURES In your initial contact by phone, were our receptionists:
	Α.	- courteous?  Yes  No - helpful?  Yes  No
	В.	During your visits to the office, were our receptionists:
OP	4	- friendly?
		- responsive?    Yes    No
		Did the waiting time seem reasonable to you? 🔀 Yes 📋 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/FriendPhysician
		Print/MediaOther_ /
11.		E CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding: - the surgery to be done?
		- the potential risks and complications? Yes No
	В.	Were all of your questions answered?
		YES
	C.	Was accreditation of the surgeon important to you?
		ABSOLUTELY
	D.	Was accreditation of the facility important to you?
		VES
	E.	What do you think of our brochure and letters?
		INFORMATIVE
	F.	
		If yes, why did you choose our office rather than the others?  AFTOR SEVERAL MEETINGS, DR. MACHBAR WAS  If no, why did you only consider our office?  HE WAS, BY FAR, THE BEST OF
		If no, why did you only consider our office?  ALL I HAB MET.

P	$\mathbf{A}$	TIENT SATISFACTION QU	
	<b>NUI</b> A.	- informative? - caring? - professional?  ✓ Yes ☐ No  ✓ Yes ☐ No	
	B.	ABSOLUTELI	
	C.	After your surgery was scheduled, did the amount of opre-operative needs?	ontact initiated by the nurses meet your
	D.	485	
	E.	THOROUH, MEETS NE	-(L), (E)
	F.	. Is there anything the nursing staff could have done to	improve your experience?
IV.	Pi A.	- knowledgeable? - caring? - thorough? - professional? - patient?  Yes Nowledgeable?  Yes Nowledgeable?	
		<ul><li>B. Did your pre and post-operative care meet your nee</li><li>C. How do you feel about your surgical result? VEX.</li></ul>	•
	. [	D. Is there anything your surgeon could have done to i	nprove your experience?
V.	F	FOLLOW UP A. If there were a need for you to have plastic surgery #モラ THE GNLY UNモ	Tollow
		B. Do you recommend our office to your friends or relative $Y \in S$	
VI	•	We welcome your comments and suggestions:  FULST WANT TO THE  ALL HE HAS DONE FOR ME.	ANK DR. NACHBAR FOR
		Name (optional):	elephone #_

Dear Patient,

l.	OF A.	In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists:  - friendly?  - responsive?  No  No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?   The potential risks and complications?  The potential risks and complications?  The potential risks and complications?
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  VEVY PYOFESSIMA!
	F.	Did you consider another plastic surgery office?   Yes No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office? I LOOKED UP your office on the BBB and you had
	i	Oconplaints, Jactions. Very important - no
		maloractice guits that I could find.

III.	NURSING STAFF AND SURGERY S			$\mathcal{C}_{\mathcal{O}}$		
	A. In your initial visit to our office, we	<b>.</b>				
	- informative?	io∏ Yes [ ioπ Yes [	] No ] No			
	- caring?	Yes [	] No			
	- professional?		_			
	B. Were your financial arrangements		4			
	C. After your surgery was scheduled pre-operative needs?	, did the amo	unt of contact in	itiated by the nurses meet your		
	-10	:	ible if you books	augstion or concern?		
	D. Do you feel the nursing staff was	easily access	ible if you flad a	question of concern:		
	yes		trans and post of	on instructions?		
	E. What do you think about the pre-	operative pac	kage and post-	op matructions :		
	Best information po	icket e	NEV YEC	leveu.		
	F. Is there anything the nursing staff	f could have d	one to improve	your experience?		
	No.		J . (			
IV.	PHYSICIAN AND SURGERY					
	A. Was your surgeon's surgical trea		- 11.			
	- knowledgeable?		□ No			
	- caring?		] No			
	- thorough?	Yes				
	<ul><li>professional?</li><li>patient?</li></ul>	Yes	7 No			
	- patient:	LBC 100				
	B. Did your pre and post-operative of	care meet you	r needs?			
	yes					
	C. How do you feel about your surgi	cal result?	والأراد			
	Very Nappy-no	comp	KLLVITS			
	D. Is there anything your surgeon co	ould have don	e to improve yo	our experience?		
	NO S					
V.	FOLLOW UP					
	A. If there were a need for you to ha	ave plastic su	gery again, wo	uld you return to our office?		
	gove menta			Marine wheatin number (2)		
	B. Do you recommend our office to Ollyeday aid - she	your friends o	or relatives cons M For O	n consultation!		
VI.	We welcome your comments and su	ggestions: 、ルルリー	na poul!	THANK YOU!		
	Love grov office! very rappy. Himse go.					
	Name (optional)		Telephone #	£		
	** * 1					

Dear Patient,

l.		ICE STAFF AND PROCEDURES									
	Α.	In your initial contact by phone, were our receptionists: - courteous?									
		- helpful? SP Yes 🗖 No									
	В.	During your visits to the office, were our receptionists:									
		- friendly?									
	C.	Did the waiting time seem reasonable to you? ☆Yes □ No									
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.									
		Family/FriendPhysician									
		Print/MediaOther									
II.		CONSULTATION PROCESS									
	A.	A. Was your consultation educational and helpful in understanding:									
		- the surgery to be done?									
		- the potential risks and complications? Yes 🗍 No									
	B.	ა. Were all of your questions answered? უტე									
	C.	C. Was accreditation of the surgeon important to you? \□∫)									
		4. 2.									
	D.	D. Was accreditation of the facility important to you? 🎷									
	Ε.	What do you think of our brochure and letters? のべれ									
	F.	Did you consider another plastic surgery office?   Yes   No									
		If yes, why did you choose our office rather than the others?									
		If no, why did you only consider our office?									

111.	NU	RSING STAFF AND SURGERY S	CHEDULIN	G					
	A.	In your initial visit to our office, we		es:					
		- informative?	Yes		No				
		- caring?	Yes		No				
		- professional?	<b>∑</b> -Yes		No				
	B.	Were your financial arrangements	made in a	prof \{ £	fessional and unembarassing manner?				
	_	After your surgery was scheduled	did the am		nt of contact initiated by the nurses meet your				
	Ų.	nro aparativa peede?	aid the air						
		pre-operative needs:							
	П	D. Do you feel the nursing staff was easily accessible if you had a question or concern?							
	D.	D. Do you feel the nursing staff was easily accessible if you had a question of concern?							
	E.	What do you think about the pre-	perative pa	icka	age and post-op instructions?				
	F.	Is there anything the nursing staff	could have	dor	ne to improve your experience?				
					100				
IV.	PH	YSICIAN AND SURGERY							
•		Was your surgeon's surgical treat	ment:						
		- knowledgeable?	Yes Yes		No				
		- caring?	` <b>⊟</b> > Yes		l No				
		- thorough?	Yes		l No				
		- professional?	Yes		No				
		- patient?	Yes		No				
	В.	Did your pre and post-operative o	are meet yo	our r باری					
	C	How do you feel about your surgi	cal result?	, 1					
	Ο.	Thow do you look about you. ou.g.	Love is	-					
	ח	Is there anything your surgeon co			to improve your experience?				
	υ.	is there anything your bargeon of			No				
V.	E/	DLLOW UP							
v.			ve plastic s	urae	ery again, would you return to our office?				
	Λ.	il tiloto word a nood for you to the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	40				
	В.	Do you recommend our office to	vour friends	ori	relatives considering plastic surgery?				
	Б.	Do you recommend our office to	your monde		ges Ewared				
VI.	W	e welcome your comments and su Euryan L Solat.	gestions:	ide	soul and frendly.				
	Na	ame (optional):_			Telephone #_				

Dear Patient,

OF	FICE STAFF AND PROCEDURES
A.	In your initial contact by phone, were our receptionists:
	- courteous? 🕱 Yes 🗖 No
	- helpful? Yes D No
B.	During your visits to the office, were our receptionists:
	- friendly? Yes D No
	- responsive? Yes No
^	Did the qualities time appearable to you?
C.	Did the waiting time seem reasonable to you? Yes D No
D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
	Family/Friend Physician Physician
	Print/Media <u>Wagazine Ad Jonline</u> Other
	Research
TU	E CONSULTATION PROCESS
	Was your consultation educational and helpful in understanding:
<i>7</i> t.	- the surgery to be done? Yes No
	- the potential risks and complications?
_	
В.	Were all of your questions answered?
	WW .
C.	Was accreditation of the surgeon important to you?
	We
D.	Was accreditation of the facility important to you?
	We
E.	What do you think of our brochure and letters?
ь.	Von informative & Personable
F.	Did you consider another plastic surgery office?   Yes   No
	If yes, why did you choose our office rather than the others?
	If no, why did you only consider our office?
	1St impression - very comfortable with surgeon. Office, & st Ifelt right at home ::
	Litelit right at home ::

1			ALONA S	STAFF AND S	URGERY SO	CHEDU	LING							
		A.	In your i	initial visit to ou	ır office, wer	e our ni	urses	:						
			- inform	ative?		₩ Ye		] No						
			- caring			🕱 Ye		No						
			- profes	sional?		Ye:	s [							
		В.	Were vo	ur financial an	angomonto.			_						
				our financial arı Ulo	angements i	made in	a pro	ofessio	nal and u	inemba	arassing i	manner?		
		О.	pre-oper	Ir <b>s</b> urgery was ative needs? W	scheduled, (	did the a	amou	nt of co	ntact init	iated b	y the nur	ses meet	your	
	i	ח	Do you fe	U and the nursima	_1 - CC					5				
			Do you it	eel the nursing	starr was ea	isily acc	essib	le if yo	u had a q	uestio	or cond	ern?		
	ŗ	Ε.	What do	. 0	4.0			-						
	•		1. 4	you think about apply the package		ハロベス	UNIN.	$\Lambda \rightarrow \Lambda$		N D All	$-\Delta$ $\Omega$	nt ok	. M.	
	F	₹.	ls there a	nything the nu	Sing staff co	ナ M uld hav	() e dor	LANOT le to in	N JU	ur expe	Wha erience?	+ 20	explic	<b>4</b> .
IV.	P	ΉY	SICIAN A	ND SURGER	<b>v</b>					4				
				surgeon's sur		nt.		Γ,						
		_	knowled	peable?	jivai liealijie Ve									
			caring?	godbie :	×	Yes		No						
			thorough	2		Yes		No C	9					
			professio		\ \Z	Yes		No						
			patient?	ulai :	×	Yes		No						
					7	Yes		No						
	B.	. D	id your pr Wo	e and post-op	erative care	meet yo	ur ne	eds?						
	C.	Н	ow do you	ı feel about yo	Ur surgical re	Stube								
			Be2	thing your sur	04110	O + 1 0	. 40	m 1						
	D.	ls	there any	thing your eye	good carried to		1 ()	יוע	ı					
			No	daning your sur	geon could n	lave do	ne to	improv	e your ex	(perien	ce?			
٧.	FΩ	11 1 1	OW UP											
- •														
		** 1		e a need for yo	u to have pla	astic su	rgery	again,	would yo	u retur.	n to our d	Office?		
	B.	Do	you fect W	mmend our of	fice to your f	riends o	or rela	itives c	onsiderin	g plast	ic surger	γ?		
/I.	We		- <b>/</b>	ur comments a							-	•		
				ar comments a	inu suggesti	ons:								
										······				
			7	**************************************										
			1											
	Nan	ne (	optional):				Tel	ephone	e #_					

Dear Patient,

l.	OFFICE STAFF AND PROCEDURES
	A. In your initial contact by phone, were our receptionists: - courteous? Yes No
	- helpful? Yes 🗖 No
	B. During your visits to the office, were our receptionists: - friendly? - responsive?  Yes  No
	C. Did the waiting time seem reasonable to you? ✓ Yes □ No
	D. What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
	Print/MediaOther
. 11.	THE CONSULTATION PROCESS
	<ul> <li>A. Was your consultation educational and helpful in understanding:</li> <li>- the surgery to be done?</li> <li>- the potential risks and complications?</li> <li>✓ Yes</li> <li>✓ No</li> </ul>
	B. Were all of your questions answered?
	C. Was accreditation of the surgeon important to you? Yes
	D. Was accreditation of the facility important to you? $\ensuremath{\sqrt{e^{S}}}$
	E. What do you think of our brochure and letters?  Very nice
	F. Did you consider another plastic surgery office?
rala, una nh	If yes, why did you choose our office rather than the others? highly recommended, very nice office numbers. Impressed with Dr. Price was reasonable!
1 Claring Hi	If no, why did you only consider our office?

Ш.	NU	IRSING STAFF AND SURGI	ERY SCHEDULIN	١G						
	A.	In your initial visit to our offi	ce, were our nurs	es:						
		- informative?	<b>⊘</b> - Yes		No					
		- caring?	Yes		No					
		- professional?	#Yes		No					
	B.	Were your financial arrange	ements made in a	prot	fessiona	and unembarassing manner? YCS				
	C.	nre-operative needs?	eduled, did the an	noun	t of cont	act initiated by the nurses meet your				
		9								
	D.	Do you feel the nursing staf	f was easily acce	ssibl	e if you	nad a question or concern?				
	E.	What do you think about the pre-operative package and post-op instructions?								
	F.	Is there anything the nursing	g staff could have	don	e to imp	rove your experience? NO				
						CY				
IV.	PH	YSICIAN AND SURGERY		V						
	A.	Was your surgeon's surgica	ll treatment:		*					
		- knowledgeable?	∠Yes		No					
		- caring?	∠Yes		No					
		- thorough?	Yes		No					
		- professional?	Yes		No					
		- patient?	c⊠_Yes		No					
	B.	Did your pre and post-opera	utive care meet yo	our n	eeds?					
		Ye3								
	C.	How do you feel about your	1							
		AMESOME	= 1/5							
	D.	Is there anything your surge	on could have do	ne to	o improv	e your experience?				
		$\mathcal{C}_{\mathcal{O}}$	MS							
V.	FO	LLOW UP	. 0							
	A.	If there were a need for you	to have plastic si	urgei	y again,	would you return to our office? Defination				
		DC lines ic								
	B.	Do you recommend our office	ce to your friends	or re	elatives	considering plastic surgery?				
VI.	We	welcome your comments an	d suggestions:		١	f				
		great experience	! Very "	ery	nap	PY!				
		, ,, ,				,,				
	Nai	me (optional):		-	Telepho	ne #_				

Dear Patient,

I.	OF	FICE STAFF ANI					/, \				
	A.	In your initial cor	ntact by	phone	, were our recep	tionists:					
		- courteous?	<b>⊠</b> Ye	s 🗍	No						
		- helpful?	⊠ Ye	s 🗖	No		<b>A</b>				
	B.	During your visit	s to the	office,	were our recept	ionists:					
		- friendly?	<b>⊠</b> Ye	s 🗖	No						
		- responsive?	🔀 Ye	s 🗖	No	6	,0	)			
	C.	Did the waiting t	ime see	m reas	sonable to you?	St Yes □	No				
	D.		source o	f refer	ral to our practic	e? If more tha	an one applies, p	olease indicate or	der		
		of importance.	/	1.			- 0*				
		Family Friend		<u> </u>		Physician		·····			
		Print/Media				Other					
II.	ТН	E CONSULTATION	ON PRO	CESS							
•••		Was your consu				in understand	ina:				
		- the surgery to I				`⊠´Yes [	No				
		- the potential ris			ications?	Yes	¬ No				
	_	·					_				
	B.	Were all of your	questio								
				yes	5						
	C.	Was accreditation	on of the	surge	on important to	you?					
				ye	۵ (						
	D.	D. Was accreditation of the facility important to you?									
	υ.	vvas accicultation	A 1 0		y important to ye	u.					
	_		y								
	E.	What do you thin	nk of ou	r broch	nure and letters?						
	F.	Did you conside	r anothe	r plast	ic surgery office	? <b>\Z</b> 1 Yes [	No				
		If yes, why di	id you cl	oose (	our office rather	than the other	rs?				
		Person	الما	Reh	- lare	- Back	ground	into on	docto		
			vou on	v cons	) sider our office?		0	2. °V			

- informative? - caring? - professional?  B. Were your financial arrangements made in a professional and unembarassing manner?	informative? - caring? - professional?  Were your financial arrangements made in a professional and unembarassing manner?  WES  After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  Do you feel the nursing staff was easily accessible if you had a question or concern?  What do you think about the pre-operative package and post-op instructions?  What do you think about the pre-operative package and post-op instructions?  Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  WO  B. Did your pre and post-operative care meet your needs?  Who do you feel about your surgical result?  Who do you feel about your surgical result?  Who do you recommend our office to your friends or relatives considering plastic surgery?  WHO  B. Do you recommend our office to your friends or relatives considering plastic surgery?	NURSING STAFF AND SURGI A. In your initial visit to our offi				
- caring?	- caring?	*			No	
Professional?  Were your financial arrangements made in a professional and unembarassing manner?  West of the nursing staff was easily accessible if you had a question or concern?  What do you think about the pre-operative package and post-op instructions?  What do you think about the pre-operative package and post-op instructions?  What do you think about the pre-operative package and post-op instructions?  What do you think about the pre-operative package and post-op instructions?  What do you think about the pre-operative package and post-op instructions?  Was your surgeon's surgical foould have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - professional?  - patient?  D. Is there anything your surgical result?  Who do you feel about your surgical result?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  Who would you recommend our office to your friends or relatives considering plastic surgery?  What do you feel the nursing staff was easily accessible if you had a question or concern?  What do you have plastic surgery again, would you return to our office?  What do you recommend our office to your friends or relatives considering plastic surgery?	B. Were your financial arrangements made in a professional and unembarassing manner?  WES  C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  D. Do you feel the nursing staff was easily accessible if you had a question or concem?  E. What do you think about the pre-operative package and post-op instructions?  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - yes  - No  - thorough?  - professional?  - professional?  - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  - Was  - Law  - No  - Yes  - No  - No		<del></del>	$\overline{\Box}$	No	
C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet you pre-operative needs?  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  E. What do you think about the pre-operative package and post-op instructions?  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?  D. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  E. What do you think about the pre-operative package and post-op instructions?  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?  D. Is there anything your surgeon could have done to improve your experience?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:		_			
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D. Do you feel the nursing staff was easily accessible if you had a question or concern?  What do you think about the pre-operative package and post-op instructions?  JODG - LAWY to follow  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable?	D. Do you feel the nursing staff was easily accessible if you had a question or concern?  E. What do you think about the pre-operative package and post-op instructions?  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?  D. Is there anything your surgeon could have done to improve your experience?  WAS DID Yes No  B. Did your pre and post-operative care meet your needs?  WAS DID Yes No  B. Did your pre and post-operative care meet your needs?  WAS DID Yes No  B. Did your pre and post-operative care meet your needs?  WAS DID Yes No  B. Did your recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:		y	ls		
D. Do you feel the nursing staff was easily accessible if you had a question or concern?  What do you think about the pre-operative package and post-op instructions?  JODG - LAWY to follow  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable?	D. Do you feel the nursing staff was easily accessible if you had a question or concern?  E. What do you think about the pre-operative package and post-op instructions?  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - professional?  - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:	C. After your surgery was sche	eduled, did the ar	nount	of contact	t initiated by the nurses meet your
E. What do you think about the pre-operative package and post-op instructions?    Good - Lawy to follow	E. What do you think about the pre-operative package and post-op instructions?  GODD - Lawy to follow  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - knowledgeable? - caring? - thorough? - professional? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  Low Lt!  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  LOW  B. Do you recommend our office to your friends or relatives considering plastic surgery?  LILIALY HANK.  We welcome your comments and suggestions:					77
E. What do you think about the pre-operative package and post-op instructions?    Good - Lawy to follow	E. What do you think about the pre-operative package and post-op instructions?  GODD - Lawy to follow  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - knowledgeable? - caring? - thorough? - professional? - patient?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  LICHARD HAMPS AND SURGERY  We welcome your comments and suggestions:	D. Do you feel the nursing sta	ff was easily acce	essible	e if you had	d a question or concern?
E. What do you think about the pre-operative package and post-op instructions?  GOOD - LAWY to follow  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable?	E. What do you think about the pre-operative package and post-op instructions?  GOOD - LOAD TO FOLLOW  F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  WORD LL!  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:	b. Bo you reer the nursing sta		,00,01	<i>y</i> , , , , , , , , , , , , , , , , , , ,	
F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?	F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  WE  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:		a		4	
F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?	F. Is there anything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:	E. What do you think about th		ackag	ge and pos	st-op instructions?
PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  A. Was your surgeon's surgical treatment: - knowledgeable? - No	PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:		0			V
A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?	A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  W. W. We welcome your comments and suggestions:	F. Is there anything the nursing		e don	e to improv	ve your experience?
A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  A. Was your surgeon's surgical treatment: - No	A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:		W			
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D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  Already Have Your	D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:	ye				
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A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  All Lady Have . 43	A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:		ND			
A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  All Lady Have!	A. If there were a need for you to have plastic surgery again, would you return to our office?  B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:	FOLLOW UP	-			
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B. Do you recommend our office to your friends or relatives considering plastic surgery?	B. Do you recommend our office to your friends or relatives considering plastic surgery?  We welcome your comments and suggestions:					
already Have! Yes	We welcome your comments and suggestions:	P. Do you recommend our of	0	e or r	alativae co	insidering plastic surgery?
	We welcome your comments and suggestions:				Jauves W	Holdering pideno odrgory:
We welcome your comments and suggestions:		A ( ) ( ) ( ) ( )	()	,	703	
	Name (optional):_  Telephone #	We welcome your comments a	na suggestions:		~	
	Name (optional):_  Telephone #					
	Name (optional):_  Telephone #					
	Name (optional):  Telephone #					
	Name (optional):					-

Dear Patient,

l.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:  - courteous?  Yes  No - helpful?  Yes  No
	В.	During your visits to the office, were our receptionists: - friendly?   Yes  No - responsive?  Yes  No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.	TH	E CONSULTATION PROCESS
		Was your consultation educational and helpful in understanding:
		- the surgery to be done? - the potential risks and complications?  Yes No No
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?   √ ₹3
	E.	What do you think of our brochure and letters? Informative of these is applicate
	F.	Did you consider another plastic surgery office? X Yes
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?  If no, why did you only consider our office?

III.	NU	RSING STAFF AND SURGERY SCHEDULING
	A.	In your initial visit to our office, were our nurses:
		- informative? Yes No
		- caring? No
		- professional? Yes 🗖 No
	B.	Were your financial arrangements made in a professional and unembarassing manner?
		10 Yes
	C.	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your
		pre-operative needs?
		/es
	D.	
		Yes
	E.	What do you think about the pre-operative package and post-op instructions?
	F.	Is there anything the nursing staff could have done to improve your experience?
IV.	РΉ	YSICIAN AND SURGERY
	Α.	Was your surgeon's surgical treatment:
		- knowledgeable?
		- caring? Yes No
		- thorough? Yes D No
		- professional?
		- patient?
	B.	Did your pre and post-operative care meet your needs?
		1es
	C.	How do you feel about your surgical result? Vay Mice Jab, Very hopy with
	D.	Is there anything your surgeon could have done to improve your experience? // o
٧.		DLLOW UP
	A.	If there were a need for you to have plastic surgery again, would you return to our office?
	В.	Do you recommend our office to your friends or relatives considering plastic surgery?
VI.	VVe	e welcome your comments and suggestions:
	Na	ime (optional): Telephone #
	. 14	

Dear Patient,

l.		FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous?
		- helpful? ☑ Yes ☐ No
	B.	During your visits to the office, were our receptionists:
		- friendly?
		- responsive?
		Did the waiting time seem reasonable to you? ☐ Yes ☐ No
	C.	Did the watering time documents to your go
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/FriendPhysician
		Print/MediaOther_This was 2nd procedure_
		done by Dr. Machbar
li.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	B.	Were all of your questions answered?
		yes
	C.	Was accreditation of the surgeon important to you?
		yes
	ח	Was accreditation of the facility important to you?
	<b>.</b>	
	_	yes
	E.	What do you think of our brochure and letters?
		Very informative
	F.	Did you consider another plastic surgery office? 🗍 Yes 💆 No
		If yes, why did you choose our office rather than the others?
		in the same office O
		If no, why did you only consider our office?
		If no, why did you only consider our office? Very happy with first procedure +
		Condinate ff.

A. In your initial visit to our office, were our nurses: - informative? - caring? - professional?  B. Were your financial arrangements made in a professional and unembarassing manner.  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses mepre-operative needs?  - D. Do you feel the nursing staff was easily accessible if you had a question or concern?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses mepre-operative needs?  - D. Do you feel the nursing staff was easily accessible if you had a question or concern?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses mepre-operative needs?  - E. What do you think about the pre-operative package and post-op instructions?  - F. Is there arrything the nursing staff could have done to improve your experience?  - PHYSICIAN AND SURGERY  - A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  - No - patient?  - No - patient?  - No - PYes   No - No - No - No - PYes   No - No - No - No - PAP- No	
Professional?  B. Were your financial arrangements made in a professional and unembarassing manner.  After your surgery was scheduled, did the amount of contact initiated by the nurses merpre-operative needs?  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  Was D. Do you feel the nursing staff was easily accessible if you had a question or concern?  Was D. What do you think about the pre-operative package and post-op instructions?  F. Is there arrything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - professional?  - patient?  B. Did your pre and post-operative care meet your needs?  - C. How do you feel about your surgical result?  - Yes   No   No    - No   No   No    - No   No   No    - Professional?  - Professi	
B. Were your financial arrangements made in a professional and unembarassing manner.  LLS  C. After your surgery was scheduled, did the amount of contact initiated by the nurses merpre-operative needs?  LLS  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  LLS  E. What do you think about the pre-operative package and post-op instructions?  LIS there arrything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?  D. Id your pre and post-operative care meet your needs?  LIS  C. How do you feel about your surgical result?  LIS  LIS there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office.  LIS  B. Do you recommend our office to your friends or relatives considering plastic surgery?  LIS  D. Yes  D. Yes  D. Yes  D. Joyou recommend our office to your friends or relatives considering plastic surgery?	
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C. After your surgery was scheduled, did the amount of contact initiated by the nurses mere-operative needs?  UCS  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  UCS  E. What do you think about the pre-operative package and post-op instructions?  Vary informative  F. Is there arrything the nursing staff could have done to improve your experience?  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?  D. Yes  No  B. Did your pre and post-operative care meet your needs?  UCS  C. How do you feel about your surgical result?  Vary happy  D. Is there arrything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office to your friends or relatives considering plastic surgery?  UCS  B. Do you recommend our office to your friends or relatives considering plastic surgery?	er?
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C. How do you feel about your surgical result?  Vary happy D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP A. If there were a need for you to have plastic surgery again, would you return to our office the country of the	
C. How do you feel about your surgical result?  Vary happy  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office to your recommend our office to your friends or relatives considering plastic surgery?  GES	
C. How do you feel about your surgical result?  Vary happy  D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office  B. Do you recommend our office to your friends or relatives considering plastic surgery?	
D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office.  B. Do you recommend our office to your friends or relatives considering plastic surgery?	
D. Is there anything your surgeon could have done to improve your experience?  FOLLOW UP  A. If there were a need for you to have plastic surgery again, would you return to our office.  B. Do you recommend our office to your friends or relatives considering plastic surgery?	
<ul> <li>FOLLOW UP</li> <li>A. If there were a need for you to have plastic surgery again, would you return to our office</li> <li>りない recommend our office to your friends or relatives considering plastic surgery?</li> </ul>	
<ul> <li>A. If there were a need for you to have plastic surgery again, would you return to our office</li> <li>B. Do you recommend our office to your friends or relatives considering plastic surgery?</li> </ul>	
<ul> <li>A. If there were a need for you to have plastic surgery again, would you return to our office</li> <li>B. Do you recommend our office to your friends or relatives considering plastic surgery?</li> </ul>	
B. Do you recommend our office to your friends or relatives considering plastic surgery?	fice?
B. Do you recommend our office to your friends or relatives considering plastic surgery?	
425	?
, 1/ <del>7</del>	
. Vve welcome your comments and suggestions.	

Dear Patient,

•		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:  - courteous? Yes No  - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? 🗹 Yes 🔲 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Print/Media Other
I.	тн	E CONSULTATION PROCESS
••		Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  ✓ Yes ☐ No
	B.	Were all of your questions answered? $\sqrt{e_5}$
	C.	Was accreditation of the surgeon important to you? $\sqrt{e}$
	D.	Was accreditation of the facility important to you? $\sqrt{e.5}$
	E.	What do you think of our brochure and letters? Very thorough and helpful
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		You offered a free Consultation and Dr. Nachbar had a great accreditated background.

III.	NU	JRSING STAFF AND SURGERY	SCHEDULIN	<b>IG</b>				
	A.	In your initial visit to our office,	were our nurs	es:				
		- informative?	<b>☑</b> Yes		No			
		- caring?	☑ Yes		No			
		- professional?	☑ Yes		No			
	B.	Were your financial arrangement	ints made in a	pro	fessional and	l unembarassing	manner?	
	C.	After your surgery was schedul pre-operative needs?		noun	t of contact i	nitiated by the nur	ses meet your	
	D.	Do you feel the nursing staff w	as easily acce	essib	le if you had	a question or con	cern?	
	E.	What do you think about the pr	e-operative p	acka h	ge and post-	op instructions?		
	F.	Is there anything the nursing st No. They were	aff could have	e dor ೨೦(	ne to improve nder Ful	your experience	?	
IV.	PH	HYSICIAN AND SURGERY		1				
	A.	Was your surgeon's surgical tra-knowledgeable? - caring? - thorough? - professional? - patient?	eatment:  ✓ Yes  ✓ Yes  ✓ Yes  ✓ Yes  ✓ Yes  ✓ Yes		No No No No			
	B.	Did your pre and post-operative	e care meet y	our r	needs?			
	C.	How do you feel about your su I am thrilled.	rgical result? エムと	ioč	utely 1	ove the r	results.	
	D.	Is there anything your surgeon  No. He was we	could have d	one i ලා	to improve yo へく よこめ	VOL MOR	e you	fee!
V.		JLLUW UP						COPU OFICIAIC,
	A.	If there were a need for you to		surge	ery again, wo	uld you return to c	our office?	
	В.	Do you recommend our office	to your friend:	s or 1	relatives cons	sidering plastic su	rgery?	
VI.		re welcome your comments and s It was a woncle for and his staff. I	l experi	enc [y	love my	ing with D	ir. Nachb	ac
	_				/			
	Na	ame (optional):			Telephone #	<u></u>		

Dear Patient,

l.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous?   ☐ No
		- courteous?
	B.	During your visits to the office, were our receptionists: - friendly? Yes  No - responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? ☐ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend 2 of my friends Physician Other Other
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications?
	В.	Were all of your questions answered?
		Ues!
	С	Was accreditation of the surgeon important to you?
	O.	yes! and Dr. Nachbar was highly recommended.
	D.	Was accreditation of the facility important to you?
		yes.
	E.	What do you think of our brochure and letters?
		lared them!
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		I felt like going with you because two of my
		friends had wonderful exposures and great
		reserves and -6 1 hours my friends openion
		and from the minute at met Dr. Machbar I knew the one

III.			AND SURGERY							
	A.	<del>-</del>	isit to our office, w	<b>\</b> .		No				
		- informative?		ZZ Ye ZZ Ye	_	No No				
		<ul><li>caring?</li><li>professional*</li></ul>	?	Ye		No			/	
		•		~					_	
	B.	Were your fina	ancial arrangemer	nts made i	n a pro	ofessio	onal and u	nembarassing	manner?	
			Very pro	Dear	10V	a l				
	C.	After your sur	gery was schedule	ed, did the	amoui	nt of c	ontact initi	ated by the nu	ırses meet	your
		pre-operative	rieeus!	9 ,				7		
	_	D (   4)-	e nursing staff wa		ooccik	de if v	ou had a c	ruestion or co	ncern?	
	D.	Do you feel th	e nursing staff wa	s easily at	7, 0,	ر ۱۱ عاد /	Jen 1		100111	
			ye.	<i>i.</i>	VUL	NO F	y Geri	inetructions?		
	Ē.		think about the pre	r					semo	1
		Vely	of details		ru c	M.	way	2		
	F.	is there anyth	ing the nursing sta	aff could h	ave do	ne to	improve y	our expendice	<b>5</b>	
			MO.			<b>J</b>				
IV.		YSICIAN AND					X.			
	Α.		geon's surgical tre	eatment:	es [	) No	(2)			
		<ul><li>knowledgea</li><li>caring?</li></ul>	nie (	Ž Y						
		- thorough?		M Y		No				
		- professional	?	<b>₽</b> Y	es 🛮	No	7			
		- patient?		⊠ Y₁	es 🖺	<b>)</b> No				
	В.	Did your pre	and post-operative	care med	et your	need	S'?			
			ges	ر با مامان	<b>40</b>			_		
	C.	How do you t	eel about your sur	gicai resu	LF LA CLÉ		Mak.	Deko 1.		
	_	LU J	SING VOUR CURRENT	could hav	ചവവനല	in im	nrove vou	I EXDENEITOE!		_
	IJ.	is there anyth		o vi th	iaaa	n t n°	ALA MAZ	no than	ntb	expected
V.	EC	LLOW UP	140	eryii	410	) U	u nu	or wo	1-0-	~, F
٧.			a need for you to	have plaşt	ic surg	jery a	gain, would	d you return to	our office	?
				Jest				es.		
	В.	Do you recor	nmend our office t	o your frie	nds or	relati	ves consid	dering plastic s	surgery?	
			Ч	ess						
VI.	W	e welcome you	r comments and s	Suggestion	is: Cula	a , J	or 1 W	alk 1070	ndonte	l star
	$\overline{\cap}$	WA PINE	Smalism	1 1 1	an	Bew	ed 8	10 my g	ijestic	ns & w
	Ī	love mi	results	Jar H	nei	AN M	KNOW)	MOW INL	ich D	- <i>U</i>
	_L	uncurped	injuct c	fac us		<i>)_()</i> [	· · · · · ·	.1. <del>/_</del> \		-
	N:	ame (optional):				Tel	ephone #_			
	1.40	arra (optional).					-			

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? 📝 Yes 🗀 No
		- helpful?
	В.	During your visits to the office, were our receptionists:
		- friendly?  Yes  No
		- responsive? TY Yes T No
	C.	Did the waiting time seem reasonable to you? Tyes No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
	IJ.	of importance.
		Family/FriendPhysician
		Print/Media Google - love UNU Other
		Web 817te
II.	TIJ	E CONSULTATION PROCESS
*1.		Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications?
	В.	Were all of your questions answered?
		Mec
	C	Man apprediction of the ourgoon important to you?
	C.	Was accreditation of the surgeon important to you?
	-	
	D.	Was accreditation of the facility important to you?
		yes
	E.	What do you think of our brochure and letters?
		What do you think of our brochure and letters?  Very informative - Thank you for covering all the details!  Did you consider another placetic surgery office? The No.
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		your website & my initial consultation w/ Dr. Nachbar was enough.
		AC let a constant
		Dr. (Nach par Mas anny).

III.	NU	IRSING STAFF AND SURGERY SO	CHE	DULIN	IG		
	A.	In your initial visit to our office, wer	e ou	ır nurs	es:		
		- informative?	Ø	Yes		No	
		- caring?	Ø	Yes		No	
		- professional?	Ø	Yes		No	
	B.	Were your financial arrangements	mad	de in a	prof	essio	nal and unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did	the am	oun	t of co	ntact initiated by the nurses meet your
		yes					
	D.	Do you feel the nursing staff was e	asil	y acce	ssibl	e if yo	u had a question or concern?
		Yes					
	E.	What do you think about the pre-o	рега	itive pa	icka	ge and	d post-op instructions?
		Mrest!					
	F.	le thoro anything the nursing staff	coul	d have	don	e to ir	nprove your experience?
		Mope - The	ir	Ca(	e .	exce	reded my expectations.
IV.	РΗ	YSICIAN AND SURGERY			V		
	A.	Was your surgeon's surgical treatr	nent				
		- knowledgeable?	Ø	Yes		No	
		- caring?	<b>I</b>	Yes		No	
		- thorough?	Ø	Yes		No	7
		- professional?		Yes		No	
		- patient?	Ø	Yes		No	
	D	Did your are and next aparative as	ro n	annt va	e e e	oode?	
	B.	Did your pre and post-operative ca	ı e ıı	ieet yc	JUI II	eeus :	
	_	get	_1	ILO			
	U.	How do you feel about your surgice	31 16	Suit?			
	ח	Is there anything your surgeon cou	ıld h	ave do	ne to	n imnr	ove vour experience?
	U.			ave de		J 1,11,p1	ove your experience.
٧.	FΩ	LLOW UP					
••	Α.	If there were a need for you to hav	e pla	astic si	ıraeı	v ada	in, would you return to our office?
		Absolutely	,		5 -	,5-	,
	B.	Do you recommend our office to y	our f		or re	elative	s considering plastic surgery?
				Ve.			
VI.	We	e welcome your comments and sugg	jesti	ons:			
		Shank		1 1/	٦,	1	
		11/01/12		4	10	<u> </u>	
	_			( /			
	Na	me (option				Telepl	none #_

Dear Patient,

•		In your initial contact by phone, were our receptionists: - courteous? Yes No
		- helpful? Yes 🖪 No
	B.	During your visits to the office, were our receptionists: - friendly? Yes  No - responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Friend Physician Other Other
I.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered? $\mathcal{UCS}$
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  Uery Informative
	F.	Did you consider another plastic surgery office? X Yes □ No
		If yes, why did you choose our office rather than the others?  Liked Dr. Nachbar better
		If no, why did you only consider our office?

NURSING STAFF AND SUF						
A. In your initial visit to our	office, were our nurs	ses:				
- informative?	" <b>≸</b> £ Yes		No			
- caring?	<b>⊠</b> £ Yes		No			
- professional?	Yes		No			
B. Were your financial arra		a prot	fessional	and une	mbarassing	g manner?
C. After your surgery was s		noun	t of conta	act initiat	ed by the n	urses meet your
D. Do you feel the nursing	staff was easily acco ues	essib	le if you h	nad a que	estion or co	oncern?
E. What do you think abou	t the pre-operative p	acka 1 + C	ge and p	ost-op in いら <i>とこ</i>	structions?	often
F. Is there anything the num	rsing staff could hav					:e?
PHYSICIAN AND SURGER	Υ	1	<b>)</b>			
<ul><li>A. Was your surgeon's surgeon's surgeon's surgeon's example.</li><li>- caring?</li><li>- thorough?</li><li>- professional?</li><li>- patient?</li></ul>	gical treatment:  [A] Yes  [A] Yes  [A] Yes  [A] Yes  [A] Yes  [A] Yes	0000				
B. Did your pre and post-o	perative care meet y Ч은ち	our í	needs?			
C. How do you feel about y						
D. Is there anything your s						,
FOLLOW UP						
A. If there were a need for	you to have plastic	surge	ery again,	, would y	ou return to	o our office?
B. Do you recommend our	office to your friend しゃら	ls or	relatives	consider	ing plastic s	surgery?
We welcome your comment	ts and suggestions:					
				<u> </u>		
Name (optional):			Telepho	ne#		
· · · · · · ·			•			

Dear Patient,

I.

_		
I.		FICE STAFF AND PROCEDURES In your initial contact by phone, were our receptionists:
	Λ.	- courteous? Types No
		- helpful? Yes No
	В.	During your visits to the office, were our receptionists.
	υ.	- friendly?
		-responsive? Tyes No
	C.	Did the waiting time seem reasonable to you? ☐ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family/FriendPhysician
		Print/MediaOther
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	В.	Were all of your questions answered?
		yea
	C.	Was accreditation of the surgeon important to you?
		yes
	D.	Was accreditation of the facility important to you?
		yea
	E.	What do you think of our brochure and letters?
		Veu informative
	F.	Did you consider another plastic surgery office?   Yes No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		1 10 -
		I was impressed by my friends
		purguy
		J ()

111.		RSING STAFF AND SURGERY SO				$\mathcal{C}_{\mathcal{O}}$
	A.	In your initial visit to our office, wer	_ /.	es:	Na	
		- informative?	∏ Yes ft Yes		No No	
		- caring?	TL Yes		No	
		- professional?				
	В.	yes				
		After your surgery was scheduled, pre-operative needs?				
	D.	Do you feel the nursing staff was e	easily acce	ssibl	le if you had a	question or concern?
	E.		الم		ge and post-op	p instructions?
	F.	Is there anything the nursing staff	could have	dor	ne to improve y	your experience?
		10				
IV.	PH	IYSICIAN AND SURGERY			4	
	A.	Was your surgeon's surgical treat				
		- knowledgeable?	Yes		No	
		- caring?	Yes		No	
		- thorough?	Yes Yes		No No	
		- professional? - patient?	Yes	K	No	
		- panerit?			,10	
	₿.	Did your pre and post-operative c	are meet y	our i	needs?	
	C.	How do you feel about your surgion	cal result?			1
		I am potietie	d w	tte	n the	outcome
	D.	is there anything your surgeon co	uld have d	one	to improve you	ur experience?
		no				
V.		OLLOW UP				
		If there were a need for you to ha				
		. Do you recommend our office to		s or	relatives consi	dering plastic surgery?
Vi.	W	e welcome your comments and sug	gestions:			
	_					
	_				<u></u>	
	_				1	
	N	ame (optional):			Telephone #_	

Dear Patient,

I.

l <b>.</b>		In your initial contact by phone, were our receptionists: - courteous?
	B.	During your visits to the office, were our receptionists: - friendly? - responsive?  Yes  No
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Previous operations.
II.		IE CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  □ Yes □ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	Ε.	. What do you think of our brochure and letters? The
	F.	·
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office? My Junch and I had been presented by the surgery with the machbase.

			up oupc	EDV SCH	EDIII IN	IG				
II. N	NUF	RSING STAFF A	ND SURG	FICE WOLE	OUT DUES	es:				
1		In your initial visi	t to our on	nce, were	ru∕Yes		No			
		- informative?			Yes		No			
		- caring?		L	Yes		No			
		- professional?		L		3				_
		Were your finan	· ·	2 252						
	C.	After your surge pre-operative ne	ery was sc eeds?	heduled, d						
	D.	Do you feel the	.9	ver .						very good
	E.	What do you th	ink about	the pre-op	erative	pack	age a	and post-op ii	risti dellorio:	1 /
										1 .
	F.	Is there anythin	ng the nurs	sing staff o	could hav	ve do	one to	improve you	ur experience	Cen.
		Energ	r you	B ICN	rker	ncl	enco	rance	y this	
IV.	Pŀ	HYSICIAN AND	SURGER'	Y	U		-			
	A.	Was your surg	jeon's sur	gical treatr	nent:		-5 NI			
		<ul> <li>knowledgeab</li> </ul>	ole?		AL LE		] N			
		- caring?			<b>□</b> Ye		אַב	/ [		
		- thorough?			<b>⊡</b> Ye	s [	3 N			
		- professional	?		☐ <b>/</b> Ye	s				
		- patient?			<b>□</b> Ye			4		
		·					4	1/2	a	
	Е	3. Did your pre a	and post-o	perative c	are mee	t you	ır nee	ids? (is	•	
	_	. Dia you. p					1.		1	
	_	C. How do you fe	ool about	vour surai	cal resul	t? l	עא	v <sub>t</sub> girt	7	_1 _1
	(	). How do you in	ECI SDOGL	jour surg						noctured
					uld hav	a doi	ne to	improve voul	r experience?	100
	Ī	D. Is there anyth	thuil	v d/.	Julu Have	e doi	10 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
V.	ı	FOLLOW UP	7)	v				t a comment	d vou return te	n our office?
••		FOLLOW UP  A. If there were	a need fo	r you to ha	ave plast	tic st	irgery	again, woul	a you retain g	می
										/ 1 .
		B. Do you recor	mmend o	ur office to	your frie	ends	or re	latives consid	dering plastic	surgery?
		We welcome you	ur comme	nts and su	ıagestioı	ns:				
VI	١.	vve welcome you	ui comme		JU					
		Name (optional						Telephone #		

Dear Patient,

1.		FICE STAFF AND PROCEDURES In your initial contact by phone, were our receptionists:								
		- courteous?								
		- helpful? Yes No								
	В.	During your visits to the office, were our receptionists:  - friendly?								
		- friendly? Yes No								
	C.	Did the waiting time seem reasonable to you?  Yes  No								
	D. What was your source of referral to our practice? If more than one applies, please indicate or									
	D.	of importance								
		Family/Friend Physician								
		Print/MediaOther								
II.	ты	E CONSULTATION PROCESS								
•••		Was your consultation educational and helpful in understanding:								
		- the surgery to be done?								
		- the potential risks and complications? ☐ Yes ☐ No								
	B.	Were all of your questions answered?								
		Ves								
	C.	Was accreditation of the surgeon important to you?								
	Ve s									
	D.	Was accreditation of the facility important to you?								
	$\sqrt{eS}$									
	E. What do you think of our brochure and letters?									
		Very intermative								
	F.	Did you consider another plastic surgery office?   Yes No								
		If yes, why did you choose our office rather than the others?								
		If no, why did you only consider our office?								

III.		ID SURGERY SCHEDU			$\mathcal{C}_{\mathcal{O}}$
	•	to our office, were our r		Na	
	- informative?	<u> </u>	és □	No	
	- caring?		es 🗍	No	
	- professional?	Y	es 🗖	No	
		yes	/		nembarassing manner?
	C. After your surgery pre-operative nee	eds?		t of contact initi	ated by the nurses meet your
		Yes			
	D. Do you feel the n	ursing staff was easily a	ccessib	le if you had a o	uestion or concern?
	E. What do you thin	k about the pre-operativ	e packa	ge and post-op	instructions?
	, / ·	ord, relieved		,	
		the nursing staff could h			our experience?
		N0			
IV.	PHYSICIAN AND SU	RGERY			-1/1/2
	A. Was your surgeo	n's surgical treatment:			1000
	- knowledgeable?	) <b>I</b>	es 🗖	No	. 1
	- caring?	ПY	es 🗖	No	Allasid C
	- thorough?	/	es 🗖	No	
	- professional?		es 🗖	No	-100%. pleased = tresulfs/
	- patient?	U Y	es 🗖	No	(1)
	B. Did your pre and	post-operative care me	et your r	needs?	Mank yrul
			110		
	C. How do you feel	about your surgical resu Wonderful			•
	D. In there enothing	your surgeon could hav	o done i	to improve vour	experience?
	D. Is there anything		C done	to improve you.	
٧.	FOLLOW UP				
		eed for you to have plas	tic surge	ery again, would	I you return to our office?
		Ges			
	B. Do you recomme	end our office to your frie	ends or i	relatives consid	ering plastic surgery?
	J.	have stream	1		
VI.	We welcome your co	mments and suggestion	1 <b>s</b> :	azing. Dr	. Nachbor is the best,
	clue made	many refusal		hom	, 100 0.00 0.00
		7 7			
	Name (optional):			Telephone #	
	ranna (abasanan).			· —	

Dear Patient,

l.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:  - courteous?
	B.	During your visits to the office, were our receptionists:  - friendly?
	C.	Did the waiting time seem reasonable to you? The Yes I No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Other
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?  √eS
	D.	Was accreditation of the facility important to you? YeS
	Ε.	What do you think of our brochure and letters? great
	F.	Did you consider another plastic surgery office? A Yes No  If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?

- professional?  B. Were your financial arrangements made  C. After your surgery was scheduled, did the pre-operative needs?  D. Do you feel the nursing staff was easily at the pre-operative.  E. What do you think about the pre-operative.  F. Is there anything the nursing staff could.  IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?	
- caring? - professional?  B. Were your financial arrangements made  C. After your surgery was scheduled, did the pre-operative needs?  D. Do you feel the nursing staff was easily at the pre-operation.  E. What do you think about the pre-operation.  F. Is there anything the nursing staff could.  IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?	Yes No Yes No e in a professional and unembarassing manner? 105
- professional?  B. Were your financial arrangements made  C. After your surgery was scheduled, did the pre-operative needs?  D. Do you feel the nursing staff was easily at the pre-operative.  E. What do you think about the pre-operative.  F. Is there anything the nursing staff could.  IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?	Yes No
B. Were your financial arrangements made  C. After your surgery was scheduled, did the pre-operative needs?   D. Do you feel the nursing staff was easily at the pre-operation of	e in a professional and unembarassing manner? $ eg e^{\S}$
C. After your surgery was scheduled, did the pre-operative needs?  D. Do you feel the nursing staff was easily at the pre-operative.  E. What do you think about the pre-operative.  F. Is there anything the nursing staff could.  IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment:  - knowledgeable?  - caring?  - thorough?  - professional?  - patient?	
D. Do you feel the nursing staff was easily at E. What do you think about the pre-operation F. Is there anything the nursing staff could IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?	ne amount of contact initiated by the nurses meet your
E. What do you think about the pre-operation.  F. Is there anything the nursing staff could.  IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?	
F. Is there anything the nursing staff could  IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?	accessible if you had a question or concern? $\mathcal{A}e\mathcal{S}$
IV. PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?	ive package and post-op instructions? great
A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?	have done to improve your experience? $\mathcal{N}0$
A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?	
- knowledgeable? - caring? - thorough? - professional? - patient?	
- caring? - thorough? - professional? - patient?	
- thorough? - professional? - patient?	Yes No
- professional? - patient?	Yes  No
- patient?	Yes No
	Yes No
D. Did water and next appropriate core me	Yes 🗖 No
B. Did your pre and post-operative care me	eet your needs? Yes
C. How do you feel about your surgical res	ium worderful
	ave done to improve your experience? $\mathcal{N}^{\mathcal{O}}$
V. FOLLOW UP	
A. If there were a need for you to have place	istic surgery again, would you return to our office? $ eq eS / eS$
B. Do you recommend our office to your fr	riends or relatives considering plastic surgery? Yes
VI. We welcome your comments and suggestion	ons:
1.1 and order	
W 01100 /	
Name (optional)	

Dear Patient,

I.

I.	OF A.	In your initial contact by phone, were our receptionists: - courteous?
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? ☐ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other
II.	ТН	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  ✓ Yes ☐ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? 🗍 Yes 🗐 No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		If no, why did you only consider our office?  PASSENCE WITH OA, NACHBAC

III.	NU	RSING STAFF AND SURGERY SO	CHEDULIN	G				
	A.	In your initial visit to our office, wer	e our nurs	es:	( )			
		- informative?	☐ Yes		] No			
		- caring?	Yes					
		- professional?	Yes		] No			
	B.	Were your financial arrangements	made in a	prof	ofessional and unembarassing manner? 465			
	C.	pre-operative needs? //65			unt of contact initiated by the nurses meet your			
	D.	Do you feel the nursing staff was e	easily acce	ssibl	ible if you had a question or concern?			
	E.	What do you think about the pre-o	perative pa	acka	rage and post-op instructions? OctAV60			
	F.	Is there anything the nursing staff	could have	dor	one to improve your experience?			
					J + O			
IV.		YSICIAN AND SURGERY						
	A.	Was your surgeon's surgical treati	ment:		] No			
		- knowledgeable?	Yes					
		- caring?	Pl Yes					
		- thorough?	Pl Yes					
		<ul><li>professional?</li><li>patient?</li></ul>	Yes	4				
		- pauent:	ري .00	_				
	B. Did your pre and post-operative care meet your needs?							
	765							
	C.	C. How do you feel about your surgical result?						
	D.	Is there anything your surgeon co	uld have d	one 1	e to improve your experience? NO			
V.	FC	DLLOW UP						
	A.	If there were a need for you to har	ve plastic s	urge	gery again, would you return to our office? (/			
	B.	Do you recommend our office to y	our friends	s or i	or relatives considering plastic surgery?			
VI.	W	e welcome your comments and sug	gestions:					
		9				_		
	_							
	Na	ame (optional):			Telephone #_			

Dear Patient,

l.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? No
		- helpful? XI Yes I No
	В.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive? Yes I No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family/Friend Physician
		Print/MediaOther_Inferred
		Timbricate
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications?
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	٥.	y constraints and the same of
	_	What do you think of our brookure and letters? (44/6/6
	E.	What do you think of our brochure and letters?
	_	
	F.	Did you consider another plastic surgery office? 💆 Yes 🗖 No
		If yes, why did you choose our office rather than the others?
		Able to accomodate my immediate needs.
		If no, why did you only consider our office?

NU	JRSING STAFF AND SUR	GERY SCHEDULIN	(G		
A.	In your initial visit to our o	iffice, were our nurs	es:		
	- informative?	<b>⊠</b> Yes		] No	
	- caring?	✓ Yes		J No	
	- professional?	∑ Yes		] No	
В.	Were your financial arrar	igements made in a	pro	ofessional and unembarassing manner?	
C.	After your surgery was so pre-operative needs?	cheduled, did the an	noun	ent of contact initiated by the nurses meet you	ur
D.	Do you feel the nursing s	taff was easily acce	ssib	ble if you had a question or concern?	
E.	What do you think about	the pre-operative pa	acka	age and post-op instructions?	
F.	Is there anything the nurs	sing staff could have	dor	one to improve your experience?	
PF	HYSICIAN AND SURGERY				
Α.					
	- knowledgeable?	☑ Yes		] No	
	- caring?	Y Yes			
	_	¥7 Yes			
	- thorough?				
	- professional?	Yes Yes		] No	
	- patient?	Yes Yes		] No	
В.	Did your pre and post-op	erative care meet y	our r	needs? - US	
C.	How do you feel about yo	our surgical result?	Vet	ry good	
D.	Is there anything your su	rgeon could have do	one t	to improve your experience? M	
FC	OLLOW UP				
A.	If there were a need for y	ou to have plastic s	urge	pery again, would you return to our office? 🕼	
				ď	
В.	Do you recommend our	office to your friends	s or r	relatives considering plastic surgery?	
	70	-		J.	
W	e welcome your comments	and suggestions:			
_					_
Na	ame (optional):_			Telephone #_	-

Dear Patient,

ı	OF	FICE STAFF AND PROCEDURES
•		In your initial contact by phone, were our receptionists:
		- courteous? 🖫 Yes 🔲 No
		- helpful? Yes No
	В.	During your visits to the office, were our receptionists:
		- friendly?
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you? ☑ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance a
		Family/Friend Physician Physician
		Print/MediaOther
II.	TH	E CONSULTATION PROCESS
11.		Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications? Yes  No
	В.	Were all of your questions answered?
	_	Was accreditation of the surgeon important to you?
	C.	What do you think of our brochure and letters?
	_	Ohyo. don't
	IJ.	Was accreditation of the facility important to you?
		Excellen ( Follow)
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? ☐ Yes ☑ No
		If yes, why did you choose our office rather than the others?
		your the best.
		If no, why did you only consider our office?

III.		URSING STAFF AND SURGERY SCHE			
	A.	In your initial visit to our office, were ou	-	es:	
			Yes		No
		- caring?	/		No
		- professional?	Yes		No Mas
	B.	Were your financial arrangements ma	de in a	prof	essional and unembarassing manner?
	C.	. After your surgery was scheduled, did pre-operative needs?	the am	oun	t of contact initiated by the nurses meet your
	D.	. Do you feel the nursing staff was easil	ly acce:	ssibl	e if you had a question or concern?  ge and post-op instructions?
	E.	. What do you think about the pre-opera	ative pa	cka	ge and post-op instructions?
	F.	. Is there anything the nursing staff cou	ld have	don	ne to improve your experience?
IV.	PH	HYSICIAN AND SURGERY	X		
	A.	. Was your surgeon's surgical treatmen	nt:		60
		- knowledgeable?	/ Yes		No
		- caring?	Yes		No
		- thorough?	Yes		No
		- professional?			No
•		- patient?	Yes		No
	В.	Did your pre and post-operative care	meet y	our r	needs? If
		. How do you feel about your surgical re			eeds? If is expellent
	D.	Is there anything your surgeon could I	have do	one t	to improve your experience? $Mb - A$
V.	FC	OLLOW UP			A N
<del>"</del> -			lastic s	urge	ery again, would you return to our office?
	В.	Do you recommend our office to your	friends	or	relatives considering plastic surgery?
VI.	W	Ve welcome your comments and sugges	tions:	,	and the second
	******	you and your	staf	1	an Uny Professional, Hart
	_	what mare can be	7/	کمستاری احساستجداد	o you
	_			•	
	Na	lame (optional):		,	Telephone #_

Dear Patient,

1.		In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful?  Yes  No
	B.	During your visits to the office, were our receptionists: - friendly?  Yes  No - responsive?  Yes  No
	C.	Did the waiting time seem reasonable to you? ☐ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend_X
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding: - the surgery to be done?  The potential risks and complications?  Yes □ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you? ५ ₹ >
	D.	Was accreditation of the facility important to you? ⋉⋴
	E.	What do you think of our brochure and letters? Creation
	F.	Did you consider another plastic surgery office? 🗷 Yes 🗖 No
		If yes, why did you choose our office rather than the others?  Personal recommendations plus comfort level wilder. + staff  If no, why did you only consider our office?

III.		RSING STAFF AND SURGERY SCHEDULING
	A.	In your initial visit to our office, were our nurses: - informative?  Yes No
		- informative? ☐ Yes ☐ No - caring? ☐ Yes ☐ No
		- professional?
	В.	Were your financial arrangements made in a professional and unembarassing manner?
	C	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your
	Ο.	pre-operative needs?
		yes
	D.	Do you feel the nursing staff was easily accessible if you had a question or concern?
		yes
	E.	What do you think about the pre-operative package and post-op instructions?
		great
	F.	Is there anything the nursing staff could have done to improve your experience?
		no 10 . O
IV.	PH	IYSICIAN AND SURGERY
	A.	Was your surgeon's surgical treatment:
		- knowledgeable?
		- caring? Tyes No
		- thorough?
		- patient? Yes No
-		pallott.
	B.	Did your pre and post-operative care meet your needs?
		y.
	C.	How do you feel about your surgical result?
		wonderful
	D.	Is there anything your surgeon could have done to improve your experience?
		NO.
V.	FC A.	OLLOW UP  If there were a need for you to have plastic surgery again, would you return to our office?
	Λ.	us
	В.	the second secon
	٠.	yes
VI.	W	e welcome your comments and suggestions:
	_	
	_	
	Ns	ame (optional):
	140	and (denomin).

Dear Patient,

l.		FICE STAFF AND PROCEDURES In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? 🗖 Yes 🔲 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Tyes No
		Were all of your questions answered? yes
	C.	Was accreditation of the surgeon important to you? yes, very important
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? Informative
	F.	Did you consider another plastic surgery office? Yes No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?

		In your initial visit to o								
•	٠.	- informative?	Yes		No					
		- caring?	7 Yes		No					
		- professional?	Yes		No					
		protocolorium	2	٦						
F	3.	Were your financial an	rangements made in	a pro	fessio	nal and unembarassing manner?				
(	С.	After your surgery was pre-operative needs?		mour	t of co	ontact initiated by the nurses meet your				
Ι	Э.	Do you feel the nursin	g staff was easily acc	essib	le if yo	ou had a question or concern?				
E	Ξ,	What do you think about the excellent in	out the pre-operative p cotructions &	oacka Ve	ge an	informative.				
F	Ξ.	Is there anything the r	nursing staff could hav	e dor	ne to ir	mprove your experience?				
'. F	H	YSICIAN AND SURGE	RY							
A	٩.	Was your surgeon's s	urgical treatment:							
		- knowledgeable?	☑ Yes		No					
		- caring?	☐ Yes		No					
		- thorough?	☐ Yes		No					
		- professional?	☐ Yes		No					
		- patient?	☐✓Yes		No					
	3,	Did your pre and post								
	5. 721	How do you feel abou	tyour surgical result?	Ver	y h	appy with the results of 7				
				ione 1	o impi	rove your experience?				
F	FOI	LLOW UP								
			or you to have plastic	surge	ry aga	ain, would you return to our office?				
E	3.	Do you recommend o	ur office to your friend	s or r	elative	es considering plastic surgery?				
. \	۷e	welcome your comme	ents and suggestions:							
-			<u></u>							
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_						-				
	.l.= ::	(autional)			To!	shone #				
ſ	var	me (optional):_		-	eich	phone #_				

Dear Patient,

l.		FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous?  Yes  No
		- helpful? Yes No
	B.	During your visits to the office, were our receptionists:
		- friendly?
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/MediaOther
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	B.	Were all of your questions answered?
		Ves
	_	III II a stitu and immediate to you?
	C.	Was accreditation of the surgeon important to you?
		of what importance to me.
	D.	Was accreditation of the facility important to you?
		not as much.
	E.	What do you think of our brochure and letters?  Very Did you consider another plastic surgery office? Yes \( \text{No} \)  No
		Vary Dintersional, New Telauler & Carry
	F	Did you consider another plastic surgery office? Yes  No
		If yes, why did you choose our office rather than the others?
		Dr. Machbair answer to my questions
		If no, why did you only consider our office?

л.	In your initial visit to our office	e, were our nurs	es:		
	- informative?	. ☐ Yes		Νo	
	- caring?	Yes		No	
	- professional?	Yes		No	
В.	Were your financial arrangen	nents made in a	prof	essiona	al and unembarassing manner?
	yes.				
C.	After your surgery was sched pre-operative needs?	luled, did the an	oun	t of con	ntact initiated by the nurses meet your
	yes				
D.	Do you feel the nursing staff	was easily acce	ssib	e if yóu	had a question or concern?
	yes			<	2 (0)
E.	What do you think about the	pre-operative page	acka	ge and	post-op instructions?
	Excellent	•		4	
F.	Is there anything the nursing	staff could have	dor	ne to im	prove your experience?
•	1/2		70		
₽ŀ	IYSICIAN AND SURGERY	<b>~</b>	7		
	Was your surgeon's surgical	treatment:			
	- knowledgeable?	Yes		No	
	- caring?	Yes		No	
	- thorough?	Yes		No	
	- professional?	Yes		No	
	- patient?	Yes		No	
В.	Did your pre and post-opera	tive care <u>meet y</u>	our	needs?	
	yes				
C.	How do you feel about your	surgical reșulț?			
	I am pe	Peaseel	•		
D	Is there anything your surge	on could have d	one	to impr	ove your experience?
	No				
F(	OLLOW UP	to have plactic	si ira	ans va	in, would you return to our office?
	yes -	facility	7	- NIC	JR.
В	. Do you recommend our office	ceto your friend	s or	relative	es considering plastic surgery?
W	/e welcome your comments ar	nd suggestions:			
_	<u> </u>				
_					
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_					
				T-1	hone #

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? X Yes I No
		- helpful? Yes I No
	В.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive? X Yes No
	_	
	C.	Did the waiting time seem reasonable to you? 🛱 Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family/Friend Harna Physician Physician Other
		Print/MediaOther
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?    Yes  No
		- the potential risks and complications? Yes 🔲 No
	B.	Were all of your questions answered?
		yes
	_	
	C.	Was accreditation of the surgeon important to you?
		yes
	D.	Was accreditation of the facility important to you?
		yes
	E.	What do you think of our brochure and letters?
		Very informative
	F.	Did you consider another plastic surgery office?   Yes No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		Timbo, why did you only consider our office.
		Information Tread or the Web site, as two friends of numb referred me.
		two friends of men Reflested me.
		we your
		()

NU	IRSING STAFF AND SURGERY SC	HEDULIN	IG		
A.	In your initial visit to our office, were	our nurs	es:		
	- informative?	🕱 Yes		No	
	- caring?	Yes		No	
	- professional?	Yes		No	
_					-1 d unambaragaing mannar?
В.	Were your financial arrangements i	nade in a	proi	ession	al and unembalassing mainer?
	·				
C.		id the an	noun	t of cor	tact initiated by the nurses meet your
	pre-operative needs?	yes	2		
		U			
D.	Do you feel the nursing staff was ea	asily acce	ssibl	e if you	had a question or concern?
			l	yw	
E.	What do you think about the pre-op	erative pa	acka	ge and	post-op instructions?
		$\mathcal{N}$	PA	lect	
F.	is there anything the nursing staff of	/ ould have	don	e fo im	prove your experience?
г.	is there anything the hursing stan o	ne?	)		proto year emperience
		110	1		
PH	HYSICIAN AND SURGERY		7		
A.	, ,		_	. (	9
	- knowledgeable?	Yes		No	
	- caring?	Yes Yes		No	
	- thorough?	Yes Yes	2	No	
	- professional?	Yes		No	
	- patient?	⊠ Yes		No	
Б	Did your pro and post operative cal	o meet w	aur r	oode2	
В.	Did your pre and post-operative car	e meet y	Jul 1	ieeus :	
	ges				
C.	How do you feel about your surgica	result?	/	1	
		nder	,		
D.	Is there anything your surgeon cou	d have do	one t	o impro	ove your experience?
	no				
	OLLOW UP				
A.	If there were a need for you to have		urge	ry agai	n, would you return to our office?
	iges	-			
В.	Do you recommend our office to yo	ur friends	or r	elative	s considering plastic surgery?
	yes				
We	e welcome your comments and sugg	estions:			
	9				
_					
_					
				_	
	ame (optional):			Teleph	one #

Dear Patient,

i.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? ZYes D No
		- helpful? Yes D No
	B.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance. Family/FriendPhysician_//\(\int\) & \(\int\)
		Print/MediaOther
H.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes 🗍 No
		- the potential risks and complications? Yes 🗖 No
	В.	Were all of your questions answered?
		g g g g g g g g g g g g g g g g g g g
	C.	Was accreditation of the surgeon important to you?
	<b>O</b> .	
	D	Was accreditation of the facility important to you?
	٠.	A sold ()
	=	What do you think of our brochure and letters?
	E.	Willat do you think of our brochare and letters:
	F.	Did you consider another plastic surgery office?
		If yes, why did you choose our office rather than the others?
		in year, why and you encode our enfoc realist than the estate.
		It no why did you only consider our office?
		The why did you only consider our office.
	A.	If no, why did you only consider our office? I felt anifartable Hat OR. Wilson Accommended Da. Machbard All mis first consultation and grence the web Dite, it was substitute.
	¥.	Dit I IN sultation and spenie
	1%	Ally mis pust in a noticity
	C.C.	the was the was the street
		o TIU Well killer

III.	NUI	RSING STAFF AND SURGERY SCHEDULING
	A.	In your initial visit to our office, were our nurses:
		- informative?
		- caring?
		- professional?
	В.	Were your financial arrangements made in a professional and unembarassing manner?
		the state of a second initiated by the purpose most your
	C.	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?
	D.	Do you feel the nursing staff was easily accessible if you had a question or concern?
/	ρ <b>E</b> .	What do you think about the pre-operative package and post-op instructions? Alt was Do
1	ĺ	
0	F.	Is there anything the nursing staff could have done to improve your experience? M
IV.	PH	YSICIAN AND SURGERY
	A.	Was your surgeon's surgical treatment:
		- knowledgeable? Tyes No
		- caring? The Yes No
		- thorough? Tes No
		- professional?
		- patient? Yes No
	В.	Did your pre and post-operative care meet your needs?
	C.	Did your pre and post-operative care meet your needs?  How do you feel about your surgical result?  What full of Stateful is there anything your surgeon could have done to improve your experience?
	D.	Is there anything your surgeon could have done to improve your experience?
٧.	FΩ	OLLOW UP
••	Α.	If there were a need for you to have plastic surgery again, would you return to our office?
	B.	Do you recommend our office to your friends or relatives considering plastic surgery?
	υ.	Do you door
VI.	We	e welcome your comments and suggestions: hw Mgges from S
		1 10. 0.1.1 () 000 (
	1	1. Declared a Clarest
	, <u> </u>	Tany,
	Na	me (optional)

Dear Patient,

I.		In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Other
H.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?  - the potential risks and complications?  Yes No
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? professional nice/online-good
	F.	Did you consider another plastic surgery office? Yes No
		If yes, why did you choose our office rather than the others?  ONL OTHER THING TRIENDRY AGENTALE THY MISH SCHOOL  If no, why did you only consider our office?

l.		URSING STAFF AND SURGERY SCHEDULING	
			No
			No
		— — — — — — — — — — — — — — — — — — —	No
		professional.	, <b>X</b>
	B.	. Were your financial arrangements made in a profes	ssional and uneimbalassing mainter: . ( l)
	C.	After your surgery was scheduled, did the amount of pre-operative needs?	of contact initiated by the nurses meet your
	D.	Do you feel the nursing staff was easily accessible	if you had a question or concern?
	E.	. What do you think about the pre-operative package	e and post-op instructions?  Will Informative
	F.	. Is there anything the nursing staff could have done	to improve your experience?
V.		HYSICIAN AND SURGERY	
	A.	- caring?  - thorough?  - professional?  Yes  Yes  Yes	No No No No
	B.	B. Did your pre and post-operative care meet your ne	harc to do f/u. will schadu
	C.	C. How do you feel about your surgical result?	y happy
	D.	<ol> <li>Is there anything your surgeon could have done to</li> </ol>	improve your experience? Mi.
V.		FOLLOW UP	
	Α.	A. If there were a need for you to have plastic surger	y again, would you return to our office?
	В.	3. Do you recommend our office to your friends or re	elatives considering plastic surgery?
VI.	We	We welcome your comments and suggestions:	V
	_		
	Na	Name (optional):	Telephone #

Dear Patient,

l.		FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists: - courteous?
		- helpful? St. Yes  No
	В.	During your visits to the office, were our receptionists:
		- friendly? Yes No
	C.	Did the waiting time seem reasonable to you? 🔼 Yes 🔲 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/FriendPhysician
		Print/MediaOtherOther
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes □ No
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you? Very
		Was accreditation of the facility important to you? yes
	E.	What do you think of our brochure and letters? In for mative.
	F.	Did you consider another plastic surgery office? Yes  No
		If yes, why did you choose our office rather than the others? Doctor's reputation and
		background, friendly, helpful staff.
		If no, why did you only consider our office?

II.	NURSING STAFF AND SURG	ERY SCHEDULING	
	A. In your initial visit to our off	ce, were our nurses:	
	- informative?	y <b>⊠</b> ⊾Yes 🔲 No	
	- caring?	🔀 Yes 🔲 No	
	- professional?	Yes 🗍 No	
	B. Were your financial arrang	ements made in a professional a	nd unembarassing manner? yes,
	C. After your surgery was sch pre-operative needs? ye	eduled, did the amount of contac	t initiated by the nurses meet your
	D. Do you feel the nursing sta	f was easily accessible if you ha	d a question or concern? yes
	easy to read a	nd easy to follow	st-op instructions? They were
	F. Is there anything the nursin wonder ful.	g staff could have done to impro	ve your experience? No, they were
IV.	PHYSICIAN AND SURGERY	V X	
	<ul><li>A. Was your surgeon's surgice</li><li>knowledgeable?</li><li>caring?</li><li>thorough?</li><li>professional?</li><li>patient?</li></ul>	Al treatment:    Yes   No   No   No   No   No   No   No   N	
	B. Did your pre and post-oper	ative care meet your needs?	es
	C. How do you feel about you	surgical result? I love	eit.
	D. Is there anything your surg	eon could have done to improve	your experience? NO
V.	FOLLOW UP		
	A. If there were a need for yo	ı to have plastic surgery again, w	rould you return to our office?
	B. Do you recommend our of	ice to your friends or relatives co	nsidering plastic surgery? > e5
VI.	We welcome your comments a	nd suggestions:	
	Name (optional)	Felephone	e#_

Dear Patient,

		FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? Say Yes No
		- helpful? String Yes String No
	B.	During your visits to the office, were our receptionists:
		- friendly? S Yes No
		- responsive? 🔞 Yes 🗖 No
	C.	Did the waiting time seem reasonable to you? 🗷 Yes 🗍 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family Friend Physician Physician
		Print/MediaOther
II.	TH	E CONSULTATION PROCESS
		Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes T No
		- the potential risks and complications?
	В.	Were all of your questions answered?
	_	Was accorditation of the gurgoon important to you? W.C.A.
	U.	Was accreditation of the surgeon important to you? / Yes
	D.	Was accreditation of the facility important to you? Mes
		to and he Copied
	E.	What do you think of our brochure and letters? Very informative and he place
	F.	Did you consider another plastic surgery office? 🛛 Yes 🔲 No
		If yes, why did you,choose our office rather than the others?
		Research repenals
		If no, why did you only consider our office?

I.	NU	RSING STAFF AND SURGERY S	CHE	DULIN	IG		
	A.	In your initial visit to our office, we	re ou	ır nurs	es:		
		- informative?	M	Yes		No	
		- caring?	<b>X</b>	Yes		No	
		- professional?	M	Yes		No	
	B.	Were your financial arrangements	s ma	de in a	prot	fessional and unembarassing manner? Mc2	
	C.	After your surgery was scheduled pre-operative needs? Yes	, did	the an	noun	nt of contact initiated by the nurses meet your	
	D.	Do you feel the nursing staff was	easil	ly acce	ssib	ole if you had a question or concern? Hes	
	E.	What do you think about the pre-	oper	ative p	acka 2 -#	age and post-op instructions?	
	_	It was great.	The	e bou	رير .	no to improve your experience? '//	
	F.	is there anything the nursing stan	cou	id nave	e doi	ne to improve your experience? "No	
		NAME OF THE OWNER OWNER OF THE OWNER				J + 0	
V.		YSICIAN AND SURGERY	<b>.</b>				
	A.	Was your surgeon's surgical trea				No.	
		- knowledgeable?	N		_		
		- caring?	1864				
		- thorough?	<b>2</b>	Yes			
		- professional?	<b>S</b>	Yes		l No	
		- patient?	X	Yes		No	
	₿.	Did your pre and post-operative of	are	meet y	our	needs? Yes	
			1	160		scellant	
		How do you feel about your surgi			1		
	D.	Is there anything your surgeon co	buld	have d	one	to improve your experience? The	
		$\sim$		·			
V.	FC	OLLOW UP				and again, would you return to our office?	20.
	A.	If there were a need for you to ha	ave p	lastic s	surge	ery again, would you return to our office.	
	B.	Do you recommend our office to	your	friend	s or	ery again, would you return to our office? Meaning plastic surgery?	
VI.		e welcome your comments and su				·	
				<del></del>			
	_						
	_						
						Telephone #	
	Na	ame (optional):_				Telephone #_	

Dear Patient,

I.		FICE STAFF ANI							÷		
	A.	In your initial cor	ntact	by ph	one,	were our recep	tionists:				
		- courteous?	X	Yes		No					
		- helpful?	X	Yes		No	^	1			
	B.	During your visit	s to t	he off	ice,	were our recep	ionists:				
		- friendly?	X	Yes		No					
		- responsive?	X	Yes		No		(O)			
	C.	Did the waiting t	ime s	seem	reas	onable to you?	⊠ Yes □ No				
	D.	What was your s	sourc	e of re	eferr	al to our praction	e? If more than one	applies, pleas	se indicate order		
		of importance.					211	Wilson,C			
		Family/Friend									
		Print/Media					Other Implant	into-con	9		
11	TU	E CONSULTATION	ON E	PROC	ESS						
II.						onal and helpfu	in understanding:				
	/٦.	- the surgery to					⊠ Yes □ No	)			
		- the potential ris			mpli	cations?	Yes 🗖 No	)			
	_						7				
B. Were all of your questions answered?											
			Υ	25							
	C.	Was accreditation					you?				
			Ve	Y	M	nch					
	D.	D. Was accreditation of the facility important to you?									
					_	uch					
	Ε.	What do you thi	nk ol	our b	roch	ure and letters	?				
		halasil									
	⊏	Did you conside	r and	other r	last	ic surgery office	e? ⊠T Yes 🗖 No	3			
	Г.										
		If yes, why d	id yo	u cho	ose	our office rathe	than the others?	Λι - 1	0 001		
		Dr. Nac	hba	r W	1a5	more avai	lable, Very frier	ndly, GYN	Recommended,		
		If no why die	d voi	only (	cons	ider our office?	/	,			

l.		RSING STAFF AND SURGERY SO				$\mathcal{C}_{\mathcal{O}}$	
	Α.	In your initial visit to our office, were	_		s:		
		- informative?	**	Yes		No	
		- caring?	Τ,	Yes		No	
		- professional?	(図)	Yes		No	
	B.	N	/A			fessional and unembarassing manner?	
	C.	After your surgery was scheduled, pre-operative needs?	did th	ne am ኔ	oun	nt of contact initiated by the nurses meet your	
		Very					
	D.	Do you feel the nursing staff was e	aşily	acces	sibl	ole if you had a question or concern?	
		y la				6,0	
	E.	What do you think about the pre-o	perat	ive pa	cka	age and post-op instructions?	
		Now useful, I	loc	iled	ba	ack on it Several times.	
	F.	Is there anything the nursing staff	could	have	dor	ne to improve your experience?	
		I can not this					
V.	PH	YSICIAN AND SURGERY	4	V			
	A.	Was your surgeon's surgical treate	ment:				
		- knowledgeable?	风	Yes		No	
		- caring?	X	Yes		No	
		- thorough?	図	Yes		J No	
		- professional?	Ø	Yes		J No	
		- patient?	X	Yes		j No	
	В.	Did your pre and post-operative ca	are m	neet yo	our i	needs?	
		yes					
	C.	How do you feel about your surgice  The Control of	al res	sult?	,I	I Could not ask for better!	
	D.	In there anything your surgeon co	uld ha	ave do	ne	to improve your experience?	111
		NO, he was/is	UOV	rder	tu	al, Highly recommeded by me	! U
V.	FO	LLOW UP					
	Α.	If there were a need for you to ha	ve pla Y.C	astic s S , ,	urge V C	ery again, would you return to our office?	
	В.	Do you recommend our office to y	our f	riends	or	relatives considering plastic surgery?	
VI.	W	e welcome your comments and sug		r			
• ••							

Dear Patient,

l.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly? ☐ Yes ☐ No - responsive? ☐ Yes ☐ No
	C.	Did the waiting time seem reasonable to you? 💢 Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Print/Media Other
<b>II.</b>		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes  No
	B.	Were all of your questions answered?  you Dr. nachpar was very informative.
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
		What do you think of our brochure and letters? The brochure and the information packet was Ret together hery well bor my surgery.
	F.	Put together hery well for my surgery.  Did you consider another plastic surgery office?   Yes   No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		your owce came very highly Recommended

III <b>.</b>	NU	RSING STAFF AND SURGERT SU	)NE	DOLIN	ıG	
	A.	In your initial visit to our office, wer	e ou	ir nurs	es:	
		- informative?	Ø	Yes		No
		- caring?	X	Yes		No
		- professional?	X	Yes		No
		2-1				, , , , , , , , , , , , , , , , , , , ,
	B.	Were your financial arrangements	mad	de in a	prof	essional and unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did <sup>·</sup>	the an	noun	t of contact initiated by the nurses meet your
	D.	Do you feel the nursing staff was e	asily	y acce	ssibl	e if you had a question or concern?
	E.	What do you think about the pre-o	$\mathcal{C}_{\mathbf{J}}$	CO	$\cap Q$	ge and post-op instructions?
		very inform				
	F.	Is there anything the nursing staff	coul	d have	don	e to improve your experience?
		no my super	_ف_	no	<u></u>	was handled uncredible
V.		YSICIAN AND SURGERY			Y	
	A.	Was your surgeon's surgical treatr	nent			
		- knowledgeable?		Yes		No
		- caring?	R	Yes		No Control of the Con
		- thorough?	XI)	Yes		No
		- professional?	N.	Yes		No
		- patient?	Q	Yes		No
	В.	Did your pre and post-operative ca	re n	neet vo	nur n	eeds?
	D.	exceptionalle				
	_		V			
	C.		alie	Suit?		
		very good	7			
	D.	Is there anything your surgeon cou	ild h	ave do	one to	o improve your experience?
		NO 01				
V.		LLOW UP				
	A.		e pla	astic s	urge	ry again, would you return to our office?
		Defenitoly				
	B.	Do you recommend our office to y	our f	friends	or r	elatives considering plastic surgery?
		US to every	VC	ع		
VI.	We	e welcome your comments and sugg	gesti	ions:		00000
	<u>-</u> - <u>S</u>	Dulling the	<u>ري</u> د يا	( )	J. J.	rod to a botton
	2	DEPONIONCE		<del></del>		
		<u> </u>				
	Na	me (optional)				Telephone #

Dear Patient,

		ere en
•	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? Tes No
		- helpful? .⊠t Yes ☐ No
	В.	During your visits to the office, were our receptionists:
	٥.	- friendly? Yes No
		- responsive? Yes No
		- responsive: 🔏 res 🛅 ive
	C.	Did the waiting time seem reasonable to you? 🔼 Yes 📋 No
	ח	What was your source of referral to our practice? If more than one applies, please indicate order
	٠.	of importance.
		Family/Friend Family Physician Physician
		Print/Media Other
۱.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes  No
		- the potential risks and complications?
	R	Were all of your questions answered?
	٠.	A Las
		(14.5)
	C.	Was accreditation of the surgeon important to you?
		Ves
	ח	Was accreditation of the facility important to you?
	٠.	1/6
		Yt.3
	E.	What do you think of our brochure and letters?
		Wonderful
	F.	Did you consider another plastic surgery office? 🔀 Yes 🔲 No
		If yes, why did you choose our office rather than the others?
		If yes, why did you choose our office rather than the others?  Made Me Feel the Most Comfortable
		If no, why did you only consider our office?

II.	NU	RSING STAFF A	ND SURGERY S	CHEDULIN	IG				
	A.	In your initial visi	t to our office, we	re our nurs	es:				
		- informative?		Yes		No			
		- caring?		Yes		No			
		- professional?		Yes		No			
	В.	Were your finance	cial arrangements	s made in a	prof	essional and	unembaras	sing manner	<b>?</b> `
	C.	After your surger pre-operative ne	y was scheduled	, did the am	oun	t of contact in	itiated by th	ne nurses me	et your
	D.	Do you feel the r	nursing staff was	easily acce	ssibl	e if you had a	question o	r concern?	
	E.	What do you thin	nk about the pre-on Parma Fi	pperative pa	acka	ge and post-o	pp instructio	ns?	
	F.	Is there anything	the nursing staff	could have	don	e to improve	your experi	ence?	
V.	PH	YSICIAN AND SU	JRGERY	1					
	Α.	Was your surged - knowledgeable - caring? - thorough? - professional? - patient?		Ment: Yes Yes Yes Yes Yes Yes Yes Yes		No No No No			
	B.	Did your pre and	post-operative ca	are meet yo	ur n	eeds?			
	C.	How do you feel	about your surgic	cal result?	,				
	D.	Is there anything	your surgeon co	uld have do	ne t	o improve you	ur experiend	ce?	
,	EΩ	LLOW UP	71						
<b>/</b> .		If there were a n	eed for you to be	ve nlastic si	ırne	rv again wou	ld vou refur	n to our office	<u>-</u> ?
		defnite	ely						· :
	B.	Do you recomme	end 6ur office to y	our friends	or re	elatives consi	dering plas	tic surgery?	
/1.	We	e Welcome your co	mments and sug	gestions:					
				<del></del>					
	Na	me (optional):				relephone#_			

Dear Patient,

I.	OF	FFICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? 🕱 Yes 🗇 No
		- helpful? X Yes  No
	В.	During your visits to the office, were our receptionists:
	υ.	- friendly? Yes No
		- responsive?
		Tesponsive: 15 Tes   No
	C.	Did the waiting time seem reasonable to you? A Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/FriendPhysician
		Print/MediaOther_internet
.,	<b>T11</b>	E CONOUN TATION PROCESS
II.		E CONSULTATION PROCESS
	М.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No - the potential risks and complications? Yes No
		- the potential risks and complications? Yes No
	B.	Were all of your questions answered?
		yes
	C.	Was accreditation of the surgeon important to you?
		465
	_	
	D.	Was accreditation of the facility important to you? $9e^{5}$
	E.	What do you think of our brochure and letters?
		helpful
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		Manager of the state of the sta
		If no, why did you only consider our office?
		the staff was helpful, friendly and understanding
		neipini, interest and ing
		CAVICE CAPICION OF CONTROL /

III.	N	URSING STA	FF AND SURGER	RY SCHEDULI	NG				
	A.	In your initia	al visit to our office	, were our nur	ses:				
		- informativ		∑¶ Yes		No			
		- caring?		Y Yes		No			
		- profession	nal?	Yes		No			
		p. 0,000.0.		LAC 163	<u></u>	NO			
	B.	Were your	financial arrangem りんぷ	ents made in a	a prof	essional	and unembarassing manner?		
	C.	After your s pre-operativ	urgery was schedu ve needs? yes		noun	t of conta	act initiated by the nurses meet your		
	D.	Do you feel	the nursing staff w	as easily acce	essible	e if you h	nad a question or concern?		
	E.	What do yo	u think about the p	re-operative pa	ackag	ge and p	ost-op instructions?		
	F.	is there any	thing the nursing s $\bigcap \mathcal{D}$	taff could have	done	e to impr	rove your experience?		
IV.	РΗ	YSICIAN AN	D SURGERY						
			irgeon's surgical tr	estment:					
		- knowledge		Yes		No C			
		- caring?	abic:		_				
		- thorough?		Yes Yes		No			
		- professiona	-IO	☑ Yes		No			
		- professiona - patient?	ai f	Z Yes		No			
		- patients		Yes Yes		No			
	B. Did your pre and post-operative care meet your needs?								
		,	485			ouo:			
	C. How do you feel about your surgical result?								
	I love it!								
	D. Is there anything your surgeon could have done to improve your experience?								
			$n\theta$						
V.	FOL	LOW UP							
	Α.	If there were	a need for you to I $\mathcal{G}$	nave plastic su	rgery	again, v	would you return to our office?		
	B.	Do you recor	nmend our office to $9 \in S$	o your friends	or rel	atives co	onsidering plastic surgery?		
VI.	We	welcome you	r comments and s	uggestions:					
		<u> </u>							
		···········				· · · · · · · · · · · · · · · · · · ·			
	Nam	ne (optional):			. Те	elephone	÷#_		

Dear Patient,

l.		In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.	THI	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes □ No
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? Very rice
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office? There I fuen to

111.		JKSING STAF						
	Α.	In your initial		ice, were ou		es:		
		- informative	?	<b>3</b>	Yes		No	
		- caring?		Ø	Yes		Νo	
		- professiona	1?	<b>⊠</b>	Yes		No	
	В.	Were your fir	ıancial arrangı	ements mad	de in a	prof	essio	nal and unembarassing manner?
	C.	After your sur pre-operative	rgery was scho needs? \( \frac{1}{2} \)	eduled, did	the am	nount	of co	ontact initiated by the nurses meet your
	D.	Do you feel th	ne nursing sta	ff was easil	y acce	ssible	e if yo	ou had a question or concern?
	E.	What do you	think about the	e pre-opera	tive pa	ackaç	je an	d post-op instructions?
	F.	is there anyth	ing the nursing	g staff could	d have	done	e to ir	nprove your experience?
n.	DII	VOIOIAN AND	AUDOEDV			1		4. <b>O</b>
IV.		YSICIAN AND		. [ 4 4				
	Α.	Was your sur - knowledgea - caring?		<b>'</b>	Yes Yes		No No	
		- thorough?	_	Ø	Yes		No	
		<ul><li>professional</li><li>patient?</li></ul>	?		Yes Yes		No No	
	В.	Did your pre a	and post-opera	ative care m	eet yo	ur ne	eds?	Yes)
	C.	How do you fe	el about your	surgical res	suit?	No	PP.	<del>y_</del>
	D.	Is there anyth	ing your surge	on could ha	ave do	ne to	impr	ove your experience? —
V.	FO	LLOW UP						
			need for you	to have pla	stic su	rgery	/ agai	in, would you return to our office?
	B.	B. Do you recommend our office to your friends or relatives considering plastic surgery?						
VI.	We	welcome your	comments an	id suggestic	ons:			,
	Nan	ne (optional):				_ T	eleph	one #

Dear Patient,

ī.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? No
	C.	Did the waiting time seem reasonable to you?   Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other You Dut my Finger back on
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  \[ \textstyle \text{Yes}  \text{No} \]
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office?   Yes   No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		best doctor.

. N	URSING STAFF AND SURGERY SO	CHEDULIN	NG						
A.	. In your initial visit to our office, wer	re our nurs	ses:						
	- informative?			No					
	- caring?	☑ Yes		No					
	- professional?	☑ Yes		No	7				
В.	. Were your financial arrangements	made in a	a profe	ssional and unem	barassing manner?				
	tes								
C.	After your surgery was scheduled, pre-operative needs?	did the an	nount	of contact initiated	I by the nurses meet your				
	tes								
D.	. Do you feel the nursing staff was e	easily acce	essible	if you had a ques	tion or concern?				
	Yes			6					
E.	What do you think about the pre-o	perative pa	ackag	e and post-op inst	ructions?				
	very &	668		(					
F.	, v		e done	to improve your	experience?				
	Note			7 . (1)					
	•	~(							
	PHYSICIAN AND SURGERY								
A.	Was your surgeon's surgical treatr								
	- knowledgeable?	Yes	_	Vo					
	- caring?	Yes		Vo					
	- thorough?	Yes	_	No					
	- professional?	Yes	_	No					
	- patient?	Yes Yes		No					
B.	Did your pre and post-operative ca	are meet yo	our ne	eds?					
	tes								
C.	. How do you feel about your surgiç	al result?							
	Great!								
D.	Is there anything your surgeon cou		one to	improve your exp	erience?				
FC	OLLOW UP								
A.	18.1	e nlastic s	uraen	radain, would vou	return to our office?				
Λ.	Yes		argery	agam, would you	retarn to our omoo.				
_	,			_4;	nlastia surgani?				
В.	B. Do you recommend our office to your friends or relatives considering plastic surgery?								
	Yes.	••			, /				
. W	e welcome your comments and sugg	gestions:	Уø	U RUVE	Rock!				
				<u> </u>					
Na	ame (optional):_		_ T	elephone #_					

Dear Patient,

l.	OF A.	In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes  No - responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?  √⟨⟨⟩
	E.	What do you think of our brochure and letters? VERI INFORMATIVE, EASY PLAC
	F.	Did you consider another plastic surgery office?
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		The statt was extremely terendly before after projections,
		the staff was extremely friendly, before a after projections, and Dr. Nachbar knew exactly what I wanted before I said anything I was very confident with unit.
		said anything I was very confident with univi

IRI.	IAO	RSING STAFF AND SUNGERT S	SHIEDOEIN	10		
	A.	In your initial visit to our office, we	e our nurs	es:		
		- informative?	Yes Yes		No	
		- caring?	☑ Yes		No	
		- professional?	Yes		No	
	В.	Were your financial arrangements	made in a	рго	essic	onal and unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did the am	oun	t of c	ontact initiated by the nurses meet your
	_					gething things scheduled
	D.	Do you feel the nursing staff was let WAS VA	HIMP			
	E.	What do you think about the pre-o	, ,			
		easy to understand		4	2	<b>\</b>
	F.	Is there anything the nursing staff	could have	don I	e to i	mprove your experience?
		no, everything was	quat	-		
IV.		YSICIAN AND SURGERY	V	٢		
	Α.	Was your surgeon's surgical treati			NI-	
		- knowledgeable?	Yes		No	
		- caring?	Yes Yes		No	O
		- thorough?	Yes Yes		No No	
		- professional?	Yes Yes		No	
		- patient?	× 'es		IVU	
	B.	Did your pre and post-operative ca	ire meet yo	ur n	eeds	?
		Wes				
	C.	Hew do you feel about your surgic	al result?			
		I am THRILLED II I al	29) WHE	4 (	)Ve	1+11
	D.	Is there anything your surgeon cou	ıld have do	ne t	o imp	rove your experience?
		No				
V.		LLOW UP				
	A.	If there were a need for you to hav	·	_		
	B.	Do you recommend our office to y	our friends	or re	elativ	es considering plastic surgery?
VI.	We	welcome your comments and sugarm SO 0140 I CMDS This	gestions:	ΙT	ne sv	1290ry Went So Smooth & everything
	拉	enpa out areatt laim Si	) MINCH	MO	2-8	controllent & comfortable with I
	M	aself I albsolutely love -			€ W CN Ω	ould do it all over again with
	VILL	) pagrats! Thank so mu	VII 1/4.	100	<u>∪\ \#/\</u>	in : I will too illiperviting the inter-
	Nai	me (optional):		-	Telep	phone #

Dear Patient,

I.	OF	In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	Ε.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office?   Yes No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?

A.	JRSING STAFF AND SURGER In your initial visit to our office								
	- informative?	Yes Yes	□ No						
	- caring?	Yes Yes	□ No						
	- professional?	Yes	□ No						
B.	Were your financial arrangem	ents made in a	a professional and unembarassing manner?						
C.	After your surgery was scheduled pre-operative needs?		mount of contact initiated by the nurses meet your						
D.	Do you feel the nursing staff v	vas easily acce	essible if you had a question or concern?						
	Yes		6 (O)						
E.	What do you think about the p	re-operative pa	ackage and post-op instructions?						
F.	Coro	staff could have	e done to improve your experience?						
	$N_{\mathcal{O}_{\leq 1}}$	राज्याच्याच्या क्षेत्रच्याच्या	0.0						
Ρŀ	HYSICIAN AND SURGERY								
	Was your surgeon's surgical t	reatment:							
	- knowledgeable?	Yes	☐ No						
	- caring?	Yes	□ No						
		Yes Yes							
	- thorough?	37							
	- professional?	Yes Yes	□ No						
	- patient?	Yes Yes	□ No						
В.	Did your pre and post-operation	ve care meet yo	our needs?						
C.	How do you feel about your su	ırgical result?							
D.									
FC	FOLLOW UP								
A.		have plastic s	surgery again, would you return to our office?						
_	These		t e						
В.	Do you recommend our office to your friends or relatives considering plastic surgery?								
W	e welcome your comments and	suggestions:							
		········							
Na	ame (optional):_		Telephone #_						
	, , , , , , , , , , , , , , , , , , ,		•						

Dear Patient,

	OF	FICE STAFF AND PROCEDURES
	Α.	In your initial contact by phone, were our receptionists: - courteous?
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? 🎵 Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Tuter Net Board for Plastic Surgeons
II.	ТН	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?
	В.	Were all of your questions answered? 4eS
	C.	Was accreditation of the surgeon important to you? $ye5$
	D.	Was accreditation of the facility important to you?  465
	E.	What do you think of our brochure and letters? Well, Done
	F.	Did you consider another plastic surgery office? Yes  No
		If yes, why did you choose our office rather than the others?  Experience, board certifications, comfort after meeting.  If no, why did you only consider our office? Dr. Nachbar

III.		RSING STAFF AND SURGERY SCHEDULING
	A.	In your initial visit to our office, were our nurses:
		- informative? Yes No
		- caring? Yes No
		- professional?
	B.	Were your financial arrangements made in a professional and unembarassing manner? $\int \mathcal{C}$
	C.	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? $4e5$
	D.	Do you feel the nursing staff was easily accessible if you had a question or concern?
	E.	What do you think about the pre-operative package and post-op instructions?
		aswered all my guestions
	F.	Is there anything the nursing staff could have done to improve your experience?
IV.	PH	IYSICIAN AND SURGERY
	A.	Was your surgeon's surgical treatment:
		- knowledgeable?
		- caring?
		- thorough?
		- professional?
		- patient? Yes No
	_	Did your are and neat enerative care most your needs?
	B.	Did your pre and post-operative care meet your needs?
	C.	How do you feel about your surgical result?
	Ο.	How do you feel about your surgical result? I am happy and pleased with the results.
	D.	Is there anything your surgeon could have done to improve your experience?
		No. Do Machbaris understanding and + teel De
٧.	FC	DLLOW UP Can Cox to ble with him.
	A.	Is there anything your surgeon could have done to improve your experience?  No, Dr. Nachbar 15 understanding and I fee (ve)  DLLOW UP Comforfable with him.  If there were a need for you to have plastic surgery again, would you return to our office?
		yes, and will in Jane Sook.
	B.	Do you recommend our office to your friends or relatives considering plastic surgery?
		4es
VI.	W	e welcome your comments and suggestions: The experience with your office has been
	Ž	The experience with your office has been of fortable for me. I will had have referred
	Ž	several people to your office
	Na	ame (optional):_

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? ☑ Yes ☐ No
		- helpful?
	B.	During your visits to the office, were our receptionists:
		- friendly?  Yes  No
		- responsive? TY Yes T No
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/FriendPhysician
		Print/Media http://implantinfp.com Other
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done?   ✓ Yes   ✓ No
		- the surgery to be done?
	_	
	B.	Were all of your questions answered?
		YES
	C.	Was accreditation of the surgeon important to you?
		yes
	D.	Was accreditation of the facility important to you?
		yes
	E.	What do you think of our brochure and letters?
		very useful.
	F.	Did you consider another plastic surgery office? 🔟 Yes 🔳 No
		If yes, why did you choose our office rather than the others?
		Employees + Dr. Nachbar made me teel comfortable.
		If no why did you only consider our office?

N	URSING STAFF AND SURGERY SO				$\mathcal{C}_{\mathcal{O}}$
Α.	·	e our nurs দি Yes	es:	Ma	
	- informative?	res Tar Yes		No No	
	<ul><li>- caring?</li><li>- professional?</li></ul>	Yes		No	
		_			/ . X
B.	Were your financial arrangements  yes	made in a	prof	essior	al and unembarassing manner?
C.	. After your surgery was scheduled, pre-operative needs?	did the an	noun	t of co	ntact initiated by the nurses meet your
D.	. Do you feel the nursing staff was e	asily acce	ssibl	e if yo	u had a question or concern?
	yes			5	3, (0)
E.	What do you think about the pre-op	erative pa	acka	ge and	post-op instructions?
	specific a reasonaldc			( 4	
F.	Is there anything the nursing staff of	ould have	don	e to in	nprove your experience?
	they were just what	1 eupec	Hd		.0
Pŀ	IYSICIAN AND SURGERY	1			
A.	Was your surgeon's surgical treatm	ent:			60
	- knowledgeable?	☑ Yes		No	
	- caring?	₩ Yes		No	5
	- thorough?	Yes Yes		No	
	- professional?	Yes		No	
	- patient?	Yes Yes		No	
В.	Did your pre and post-operative car	e meet yo	our n	eeds?	
	yes				
Ç.	How do you feel about your surgica	I result?			
	very happy + catisfic	d			
D.	Is there anything your surgeon coul		ne to	o impr	ove your experience?
	He did more than I ex	pected	"		
FC	DLLOW UP				
A.	If there were a need for you to have	plastic s	urgei	ry agai	n, would you return to our office?
В.		ur friends	or re	alative	s considering plastic surgery?
ъ.					er way for a consultation!
W	e welcome your comments and sugg		7	• • • • • • •	7 10 7 7 10 02 0000
•	hank you for every thing	•	ran		apply w/ the result of my
<b>-4</b>		Dr 1/			would definitely recommen
-4	non oppice + of course	w. No	i Chr. R	m.	to everybody that / thow.
					-
Nε	ame (optional):_		<b>-</b>	Teleph	one #_
			_		

Dear Patient,

I.	OF	In your initial contact by phone, were our receptionists: - courteous? - helpful?  Yes  No
	B.	During your visits to the office, were our receptionists: - friendly? - responsive?  Yes  No
	C.	Did the waiting time seem reasonable to you? 💢 Yes 🔲 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  Yes □ No
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	<b>F.</b>	If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?  No  Lepensive,  Surgeon  No  If no, why did you only consider our office?  No  Lepensive,  No  No  Lepensive,  No  No  No  No  No  No  No  No  No  N

111.		RSING STAFF AND SURGERY SC In your initial visit to our office, were - informative? - caring?			No No				
		- professional?	Yes		No				
	В.	Were your financial arrangements		46	עני				
	C.	After your surgery was scheduled, or pre-operative needs?	did the an	าดน้ำก	t of contact	et initiated b	oy the nurses	meet your	
	D.	Do you feel the nursing staff was e	asily acce	ssibl		ad a question	on or concerr	1?	
	E.	e e	Lce lle	nt	4	b C			
	F.	Is there anything the nursing staff o	ould have	e dor	ne to impro	ove your ex	rperience?		
IV.	PH	YSICIAN AND SURGERY							
	A.	Was your surgeon's surgical treatn - knowledgeable? - caring?	nent Yes Yes	00	No No				
		- thorough?	Yes		No				
		- professional?	Yes Yes		No No				
		- patient?	103						
	B.		V	our	needs?	.M.			
	C.	How do you feel about your surgice	al result?	a	bsolu	Jehn 1	nuegor	ve!!	
	D.	. Is there anything your surgeon cou	ild have d	one	to improve	your expe			
٧.	FC	OLLOW UP			•				
	A.	. If there were a need for you to hav				Yer			
	В.	. Do you recommend our office to y	our friend	s or	relatives c	onsidering	plastic surge	ery'?	
VI.	W	e welcome your comments and sug	gestions:			<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>			
	N	ame (optional):			Telephor	ne #_		-	

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? Yes 🗖 No
		- helpful? Yes  No
	B.	During your visits to the office, were our receptionists:
		- friendly? Yes 🗆 No
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family/Friend Physician Physician Condemned
		Print/MediaOther 11 lb Sith american academy
		plastic surjons
II.	THI	Print/Media Other / Lets Site Consultation Process  Was your consultation educational and helpful in understanding:  Types T No.
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes \( \square\) No
		- the potential risks and complications?
	B.	Were all of your questions answered?
		1/w
	_	Man assemblished on of the ourseen important to you?
	U.	Was accreditation of the surgeon important to you? / eng
	_	
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? Thirty done
	F.	Did you consider another plastic surgery office? Yes  No
		If yes, why did you choose our office rather than the others?
		Hosel Straint Lorward and the hour way
		If no, why did you only consider our office?
		mar feel, like he was
		Milian la Boll una
		right to med Mile.

11.	NU	URSING STAFF AND SURGERY SCH	EDULIN	<b>I</b> G			
	A.	In your initial visit to our office, were o	ur nurs	es:			
		- informative?	Yes		No		
		- caring?	Yes		No		
		- professional?	Yes		No		
	В.	Were your financial arrangements m	ade in a	pro	fession	nal and unembarassing manner?	
	C.	. After your surgery was scheduled, did pre-operative needs?	I the an	noun	it of co	ontact initiated by the nurses meet your	
	D.	. Do you feel the nursing staff was eas	ily acce	ssib	le if yo	ou had a question or concern?	
					5	Chs 1	/
	E.	. What do you think about the pre-ope	ative p	acka	ige and	d post-op instructions? Very infor	ma X
	F.	Is there anything the nursing staff co	ıld have	e dor	ne to in	mprove your experience?	
	٠.	No always ren	rem	ke	red	any name guge a great feeling	Ml
V.	PH	HYSICIAN AND SURGERY	N			a great feeling	٠ خ
	A.	. Was your surgeon's surgical treatme - knowledgeable?	nt: Yes		No		
		- caring?	Yes			O'	
		- thorough?	Yes		No		
		7.2	Yes		No		
		- patient?	Yes		No		
	В.	. Did your pre and post-operative care	meet v	оиг г	needs?	?	
	٥.	I le A				•	
	C.	. How do you feel about your surgical i	esult?	J.	10/0	lar so food	
	D.	. Is there anything your surgeon could	have,d	one,	to impr	oroye your experience?	
	Ċ	Mat that I can		R	w	K of.	
<b>/</b> .	FO	OLLOW UP					
	A.	If there were a need for you to have provided the second tells.	olastic s	urge	ery aga	ain, would you return to our office?	
	B.	. Do you recommend our office to you	friends	or r	relative	es considering plastic surgery?	
VI.	We	le welcome your comments and sugge	stions:				
					_		
					.1	phone #	
	Na	ame (optiona			ال	phone #_	

Dear Patient,

I.		In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other
11.	тн	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  I applicates your thank your Fox your conflower Letter your sungices Brochure was very complete.  Did you consider another plastic surgery office? I Yes \[ \begin{align*} \text{No} \\ \text{Did} \\ \text{No} \\ \text{No} \\ \text{No} \\ \text{Did} \\ \text{No} \\ \text
	F.	Did you consider another plastic surgery office?  Yes  No
		If yes, why did you choose our office rather than the others?  FELT MOLE COMFORTABLE, WASN'T PRESSURED  If no, why did you only consider our office?

NL ∧	JRSING STAFF AND SURGERY S In your initial visit to our office, we						
Λ.	- informative?	Yes	.es.	No			
		-					
	- caring?	Yes		No No			
	- professional?	☑ Yes		No			
В.	Were your financial arrangements والمادة المادة ال	s made in a	pro	fessional and	l unembarassing m	nanner?	
C.	After your surgery was scheduled pre-operative needs?	, did the an	noun	t of contact i	nitiated by the nurs	es meet your	
	12)				7 2		
D.	Do you feel the nursing staff was	easily acce	ssibl	e if you had	a question or conce	ern?	
	qes						
E.	What do you think about the pre-c	perative pa	acką	ge and post-	op instructions?		
	Complete, I apprece	erateo	The	e STEP	By STUP IN.	S/KUELION	<del>J</del> -
F.	Complete, I appreced the DIS Is there anything the nursing staff	רטי אל אלי איני איני איני איני איני איני א	dor	e to improve	your experience?		
	No						
PH	YSICIAN AND SURGERY						
A.	Was your surgeon's surgical treat	ment:		*			
	- knowledgeable?	Yes Yes		No			
	- caring?	Y Yes	П	No			
	- thorough?	Yes		No			
	- professional?	ĭ  ✓ Yes		No			
	- patient?	M Yes		No			
B.	Did your pre and post-operative ca	are meet yo	our n	eeds?			
	yes		7				
C.	How do you feel about your surgion	al result?	, <u>, /</u>		T Was 7	DLD I C	ould
	How do you feel about your surgion for Free!	I 907	1772	e RESULT	3 7 000	E X	peet
D.	Is there anything your surgeon co						
	NO I DON'T thin	116 53					
FO	LLOW UP						
A.	If there were a need for you to have	e plastic s	urge	ry again, wοι	ıld you return to ou	r office?	
	yes						
B.	Do you recommend our office to y	our friends	or re	elatives cons	idering plastic surg	ery?	
	yes				3,	·	
We	welcome your comments and sug	gestions:					
Na	me (optional):		<u> </u>	Telephone#			

Dear Patient,

Have you been wanting to tell us what you think? We'd love to know! Will you please help us improve our patient care by completing this anonymous questionnaire? We welcome your comments!

I.	OF	FICE STAFF AND PROCEDURES									
	A.	In your initial contact by phone, were our receptionists:									
		- courteous? 🗖 Yes 🗖 No									
		- helpful? Yes 🗖 No									
	B.	During your visits to the office, were our receptionists:									
		- friendly? 🙎 Yes 🗇 No									
		- responsive? X Yes No									
	C.	Did the waiting time seem reasonable to you? X Yes D No									
	D.	What was your source of referral to our practice? If more than one applies, please indicate order									
		of importance.									
		Family/Friend_DougniterPhysician									
		Print/MediaOther									
II.	ТН	E CONSULTATION PROCESS									
	A.	Was your consultation educational and helpful in understanding:									
		- the surgery to be done?									
		- the potential risks and complications? Yes 🗖 No									
	B.	Were all of your questions answered?									
	C.	Was accreditation of the surgeon important to you?									
	О.										
	Đ.	. Was accreditation of the facility important to you? Yes									
	E.	What do you think of our brochure and letters? Good Tdco									
	_,										
	F.	Did you consider another plastic surgery office?   Yes  No									
		If yes, why did you choose our office rather than the others?									
		If no, why did you only consider our office?									

I saw the doctors handy work on my daughter, he made A world of difference on her body. I did not see a need to Look further.

I.	NU	NURSING STAFF AND SURGERY SCHEDULING	Co
	A.	A. In your initial visit to our office, were our nurses:	
		- informative?	No
		- caring? Yes 🗆	No
		- professional?	No
	B.	3. Were your financial arrangements made in a pro	fessional and unembarassing manner? YES
	C.	C. After your surgery was scheduled, did the amoun pre-operative needs?	t of contact initiated by the nurses meet your
	D.	Do you feel the nursing staff was easily accessib	le if you had a question or concern?
	E.	E. What do you think about the pre-operative packa	ge and post-op instructions? Very Helpful
	F.	F. Is there anything the nursing staff could have dor	ne to improve your experience? No
<b>/</b> .	РН	PHYSICIAN AND SURGERY	
	A.	A. Was your surgeon's surgical treatment: - knowledgeable?  Yes	No
		- caring?	No
		- thorough?	No
		- professional?	No
		- patient?	No
	B.	3. Did your pre and post-operative care meet your r	eeds? YES
	C.	C. How do you feel about your surgical result?	willed!
	D.	D. Is there anything your surgeon could have done t	o improve your experience? No
		FOLLOW UP	./
	A.	A. If there were a need for you to have plastic surge	ry again, would you return to our office? YES
	B.	3. Do you recommend our office to your friends or r	elatives considering plastic surgery?
ī.	We	We welcome your comments and suggestions:	·
	_	Wy and did and	
	_	100 9043 319 3000.	
		-	
	Nice	Name (optional):	Telephone #
	INC	varne (optional).	reliabilitation in the second

Dear Patient,

1.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/FriendPhysician  Print/MediaOther
II.	ТН	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  Very helpful!
	F.	Did you consider another plastic surgery office?   ✓ Yes   ✓ No
		If yes, why did you choose our office rather than the others?  Office Staff was friendly, + Dr. Nachbar  If no, why did you only consider our office?

M.	NU	IRSING STAFF AND SURGERY S	CHEDULI	ΝG		
	A.	In your initial visit to our office, wer	re our nurs	es:		
		- informative?	Y⊈ Yes		No	
		- caring?	XX Yes		No	
		- professional?	Yes		No	
	В.	Were your financial arrangements	made in a	prof	fessional ar	nd unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did the an	noun	t of contact	initiated by the nurses meet your
	D.	Do you feel the nursing staff was e	dal	Ot	- after	- surgery + they were
	E.	What do you think about the pre-o	perative pa	acka	ge and pos	t-op instructions? Very Caring.
	F.	Is there anything the nursing staff			e to improv	e your experience?
		no, engry 4	1Ma	w	las av	leat
V.	РН	YSICIAN AND SURGERY			-1	
•		Was your surgeon's surgical treatr	nent:	Y		
		- knowledgeable?	Yes		No	
		- caring?	Yes		No	
		- thorough?	Yes		No	
		- professional?	Yes		No	
			☐ Yes		No	
		- patient?	Li Tes		INU	
	B.	Did your pre and post-operative ca	ire meet yo	our n	eeds?	ty was great
	C.	How do you fool about your ourgin	Otheron In			+ + look great
	D.	Is there anything your surgeon cou	lld have do	ne to	o improve y	our experience?
٧.	FO	LLOW UP				
		If there were a need for you to have $\mathcal{UCS}$	e plastic s	urgei	ry again, wo	ould you return to our office?
	B.	Do you recommend our office to you I had Surgery in				VI MUL refeIRO 3
∕I.	We	welcome your comments and sugg	gestions:			to your office for tx
	- 6	sweet + understan	10 No	<del>, 1</del>	r + U U	
				<u> </u>		
	Nar	me (optional)		L.	Telephone	

Dear Patient,

I.	OF A.	FICE STAFF AND PROCEDURES In your initial contact by phone, were our receptionists:
		- courteous? Yes No No No No
	• В.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
il.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? 🗖 Yes 🗖 No
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?
		If the, with the you offing consider our office:

III.		SING STAFF AND SURGERY SO				6
		n your initial visit to our office, wer		es:	<b>A.</b> 1.	
		informative?	Yes		No No	
		caring?	√S Yes		No No	
	-	- professional?	∑ Yes	u	No	
	B. \	Were your financial arrangements	made in a	prof	essio	nal and unembarassing manner?
	C. /	After your surgery was scheduled, pre-operative needs?	did the am	oun	t of co	ontact initiated by the nurses meet your
	D. I	Do you feel the nursing staff was e	asily acces	ssibl	e if yo	u had a question or concern?
	E. \	What do you think about the pre-op	perative pa	cka	ge and	d post-op instructions?
	F. I	s there anything the nursing staff o	could have	don	e to ir	nprove your experience?  Not a thing
IV.	PHY	SICIAN AND SURGERY	V			
	A. \	Nas your surgeon's surgical treatn	nent:			
	-	knowledgeable?	Yes Yes		No	
	-	caring?	. <del>∫</del> ∄ Yes		No	$\mathcal{O}$
		· thorough?	Yes Yes		No	
		- professional?	Yes		No	
	-	- patient?	✓ Yes		No	
	B. I	Did your pre and post-operative ca	re meet yo	ur n	eeds?	yes
	C. I	How do you feel about your surgica	al result?	le	W	Lappy
	D. I	s there anything your surgeon cou	id have do	ne t	o impi	rove your experience?
٧.		LOW UP				_
	A. I	f there were a need for you to have	e plastic sı	ırge	ry aga	in, would you return to our office?
	B. I	Do you recommend our office to yo	our friends	or re	elative	es considering plastic surgery?
VI.	We v	welcome your comments and sugg	gestions:	<u> </u>	(5)	the to my red of the
	54	10 Chape	A JANA	To the second	e pot	hand you having
	Nom	se (ontional):			: Telen	hone #

Dear Patient,

	-	
i.	OF A.	FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:
	Λ.	- courteous? X Yes No
		- helpful? Ø Yes 🖪 No
	В.	During your visits to the office, were our receptionists:
	٥.	- friendly?  Yes  No
		- responsive?   ✓ Yes   No
	C.	Did the waiting time seem reasonable to you? ☐ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
	٠.	of importance.
		Family/FriendPhysician
		Print/MediaOther_phone_box
li.	ŦΗ	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes  No
		- the potential risks and complications?
	В.	Were all of your questions answered?
		Yes
	C.	Was accreditation of the surgeon important to you?
		Yes
	D.	Was accreditation of the facility important to you?
		$\sim$ $\sim$ $\sim$
	E.	What do you think of our brochure and letters?
		very informative
	F.	Did you consider another plastic surgery office?   Yes   No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		Everyone was triendly and informative
	•	I felt very comfortable at the Exist
		$\sqrt{c}$

F	١.	In your initial visit to our offi	ce, were our nurs	es:						
		- informative?	: <b>⊉</b> ∕ Yes		No	( )				
		- caring?	<b>∠</b> T∕ Yes		No					
		- professional?	<b>⊘</b> K_Yes		No					
E	3.	Were your financial arrange	ements made in a	prof	essio	nal and unembarassing manner?				
			46	25						
C	).		eduled, did the an	noun	t of co	ontact initiated by the nurses meet your				
		pre-operative needs?	Yes							
	).	Do you feel the nursing sta	ff was easily acce	ssibl	e if yo	ou had a question or concern?				
				1	[es					
E		What do you think about th	• • •							
	very soud + Self explanatory									
F	•	Is there anything the nursin	g staff could have	don	e to ir	mprove your experience?				
						• 0				
P	H)	YSICIAN AND SURGERY	1							
Α	١.	Was your surgeon's surgical	al treatment:							
		- knowledgeable?			No					
		- caring?	∑ Yes		No					
		- thorough?	Yes		No					
		- professional?	Yes		No					
		- patient?	Yes		No					
В	<b>.</b>	Did your pre and post-opera	ative care meet yo	our n	eds?	•				
			Xes							
C	<b>;</b> .	How do you feel about your	surgical result?		7					
			uery	50	00					
D	).	Is there anything your surge	eon could have do	ne to	impr	ove your experience?				
				M	10					
F	OL	LLOW UP		, ~	,					
Α	١.	If there were a need for you	to have plastic si	urger	y aga	in, would you return to our office?				
			`	Jo	S					
В		Do vou recommend our offi	ce to vour friends	or re	lative	s considering plastic surgery?				
			\	1.05		- community process can goly.				
V	/e	welcome your comments ar	nd suggestions:							
_		woldding your dominionia ar	a daggeodono.	·						
_										
			<del></del>							

Dear Patient,

l.		FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? Tes No
		- helpful? Yes  No
	В.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive?
	C.	Did the waiting time seem reasonable to you?
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician Physician
		Print/MediaOther_were the control of the contr
		plastic surgery org
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	В.	Were all of your questions answered?
		120
		77.5
	C.	Was accreditation of the surgeon important to you?
		yes wy
	D.	Was accreditation of the facility important to you?
		465-124
	Ε.	What do you think of our brochure and letters?
		What do you think of our brochure and letters?  - AUCSCMC
	F.	Did you consider another plastic surgery office? Yes  No
	г.	
		If yes, why did you choose our office rather than the others?
		1 - A-1 \ \H C-
		If no, why did you only consider our office?
		Gila isteed
		The state of the s

111.	NU	IRSING STAFF AND SURGERY	SCHEDULIN	IG						
	A.	In your initial visit to our office, v	vere our nurs	es:						
		- informative?	Yes		No					
		- caring?	∕ <b>∐</b> Yes		No					
		- professional?	_☐ Yes		l No					
	B.	Were your financial arrangemen		prof	ofessional and unembarassing manner?	<b>1</b>				
	C.	After your current was schedule	1	-	nt of contact initiated by the nurses mee	at vour				
	U.	pre-operative needs?	id, did the an	<i>E</i> S	> The of contact initiated by the nurses mee	it your				
	D.	Do you feel the nursing staff wa	s easily acce	ssibl	ole if you had a question or concern?					
			·	Ŋ,	ils					
	E.	age and post-op instructions?								
			復はナー」	Ú.	asif					
	F.	Is there anything the nursing sta	ff could have	don	ne to improve your experience?					
			1	10	0.0					
IV.	PΗ	YSICIAN AND SURGERY								
	A.	Was your surgeon's surgical trea	atment:							
		- knowledgeable?	_ ☐ Yes		l No					
		- caring?	☐ Yes		No					
		- thorough?	Yes		l No					
		- professional?	Yes		No					
		- patient?	Yes		No					
	В.	Did your pre and post-operative	care meet yo	ur n	needs?					
		7.65								
	C.	How do you feel about your surg	ical result?	, t						
			seller 1	410	an expected					
	D.	Is there anything your surgeon of	ould have do	ne to	to improve your experience?					
			170							
V.	FO	LLOW UP	, -							
	A.				ery again, would you return to our office	?				
			DSU/UT	_	1					
	B. Do you recommend our office to your friends or relatives considering plastic surgery?  All the twee - nom navy Surgery?  We welcome your comments and suggestions:									
VI.	We	welcome your comments and su	iggestions:	V I	love ( nature) suring					
		1/2								
		LEED UD YO	it m	10	at 1002k					
			J"							
	Nai	me (optional):		<b>-</b>	Telephone #	-				

Dear Patient,

l.		FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? 💆 Yes 🗖 No
		- helpful? Yes 🗖 No
	B.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? Yes No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Fully Physician
		Print/MediaOther
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes 🗖 No
		- the potential risks and complications?   ✓ Yes   ✓ No
	R	Were all of your questions answered? \tag{0.5}
	ω.	Were all or year questions anomores.
	C.	Was accreditation of the surgeon important to you? $\mathcal{US}$
	D.	Was accreditation of the facility important to you? 465
	<b>.</b>	viae accidanción di distación, importantes you.
		and implementing
	E.	What do you think of our brochure and letters? VIM importative
	F.	Did you consider another plastic surgery office? 🗂 Yes 📈 No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office? reflected by two of my bulned
		If no, why did you only consider our office? Afficked by two of my blunds

	NU	RSING STAFF AND SURGERY S	CHEDULI	NG		
	A.	In your initial visit to our office, we	re our nur	ses:		
		- informative?	Yes		No	
		- caring?	Yes Yes		No	
		- professional?	X Yes		No	
	В.	Were your financial arrangements	s made in a	a pro	fessio	nal and unembarassing manner? $\mathcal{HS}$
	C.	After your surgery was scheduled pre-operative needs?	, did the ar	nour	t of c	ontact initiated by the nurses meet your
	D.	Do you feel the nursing staff was	easily acce	essib	le if y	ou had a question or concern? $\mathcal{VLS}$
	E.	What do you think about the pre-c	perative p	acka	ge ar	d post-op instructions? Very imformation
	F.	Is there anything the nursing staff	could have	e dor	ie to i	mprove your experience? M
				(		. ()
/.		YSICIAN AND SURGERY				
	A.	Was your surgeon's surgical treat		Y		
		- knowledgeable?	Ø Yes		No	
		- caring?	Yes Yes		No	
		- thorough?	🏋 Yes		No	$\mathcal{O}$
		- professional?	Yes Yes		No	
		- patient?	Yes		No	
	В.	Did your pre and post-operative ca	are meet y	our n	eeds	294 5
				7		
	C.	How do you feel about your surgice	al result?	10	Щ	pleased
	D.	Is there anything your surgeon co	uld have de	one t	o imp	rove your experience? 🕔
		Co				, -
_	FO	LLOW UP				
			∕e plastic s	urge	ry ag	ain, would you return to our office? $\mathcal{H}^{\mathcal{L}}$
	В.	Do you recommend our office to y	our friends	or r	elativ	es considering plastic surgery? $\sqrt{\ell} \mathcal{S}$
I.	We	welcome your comments and sug	gestions:			
	Nar	ne (optional):_		L	Telep	hone #

Dear Patient,

I.	ΩE	FICE STAFF AND PROCEDURES
1.		In your initial contact by phone, were our receptionists:
		- courteous? Yes No
		- helpful? X Yes No
	В.	During your visits to the office, were our receptionists:
		- friendly? Yes D No
		- responsive? Tyes No
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family/FriendPhysician
		Print/Media Other Internet 198h Site
		Print/Media Other ilmternet web site Capital One address
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? ☐ Yes ☐ No - the potential risks and complications? ☐ Yes ☐ No
	B.	Were all of your questions answered?
	C.	of the second se
		Was accreditation of the surgeon important to you?
	D.	
	D.	Was accreditation of the surgeon important to you?
		Was accreditation of the surgeon important to you?
		Was accreditation of the surgeon important to you?  Was accreditation of the facility important to you?  What do you think of our brochure and letters?
		Was accreditation of the surgeon important to you?  Was accreditation of the facility important to you?
	E.	Was accreditation of the surgeon important to you?  Was accreditation of the facility important to you?  What do you think of our brochure and letters?  Did you consider another plastic surgery office? Yes No
	E.	Was accreditation of the surgeon important to you?  Was accreditation of the facility important to you?  What do you think of our brochure and letters?

III.		- informative? Yes 🔲 !	No No
		- professional? Yes 🗖 I	No
	B.	<ol> <li>Were your financial arrangements made in a profe</li> </ol>	ssional and unembarassing manner?
	C.	C. After your surgery was scheduled, did the amount of pre-operative needs?	of contact initiated by the nurses meet your
	D.	Do you feel the nursing staff was easily accessible	if you had a question or concern?
	E.	E. What do you think about the pre-operative package	e and post-op instructions?
		Very nicely done	
	F.	. Is there anything the nursing staff could have done	to improve your experience?
		$\sigma$	
V.		PHYSICIAN AND SURGERY	
	A.	- caring?	No No No No
	B.	B. Did your pre and post-operative care meet your ne	eds? Yes
	C.	C. How do you feel about your surgical result?	al!"
	D.	D. Is there anything your surgeon could have done to	improve your experience?
		6	
<b>/</b> .		OLLOW UP	· · · · · · · · · · · · · · · · · · ·
		If there were a need for you to have plastic surgery	Ges.
	B.		
∕I.	We	Ve welcome your comments and suggestions:	are come there as a result
	Na	T	elephone #_

Dear Patient,

1.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists: - courteous? ✓ Yes ☐ No
		- helpful?
	B.	During your visits to the office, were our receptionists: - friendly?  Yes  No - responsive?  Yes  No
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family/Friend Physician
		Print/Media
		E CONOUR TATION PROCESS
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:
	, ·.	- the surgery to be done?   Yes  No
		- the potential risks and complications?
	B.	Were all of your questions answered?
		les
	C.	Was accreditation of the surgeon important to you?
		1es
	D.	Was accreditation of the facility important to you?
		es -
	E.	What do you think of our brochure and letters?  Informative + educational; Courteous + helpful
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others? The accredidation of the Surgeon
		If no, why did you only consider our office?

II.	NU	RSING STAFF AND SURGERY S	CHE	DULIN	IG								
	A.	In your initial visit to our office, we	re ou	ır nurs	es:								
		- informative?	Ø	Yes		No							
		- caring?	Ø	Yes		No							
		- professional?	<b>a</b>	Yes		No							
	В.	Were your financial arrangements		de in a	prof	essio	nal and u	ınembara	assing ma	inner?			
	C.	After your surgery was scheduled, pre-operative needs?	did '	the an	oun	of co	ontact init	tiated by	the nurse	s meet yo	our		
	D.	Do you feel the nursing staff was e	easily	y acce	ssibl	e if yo	u had a	question	or concei	m?			
	E.	What do you think about the pre-o Excellent, thorough	pera	tive pa	cka cm <i>c</i>	ge and	d post-op e, hel	instructi Ipful	ons? , An≲w	vered	all	my	9
	F.	Is there anything the nursing staff					~ 1						
٧.	PH	YSICIAN AND SURGERY											
	A.	Was your surgeon's surgical treatr - knowledgeable? - caring? - thorough? - professional?	- L	Yes Yes Yes Yes		No No No No	5	,					
		- patient?	☐ <sup>′</sup>	Yes		No							
	B.	Did your pre and post-operative ca	ire m		ur n	eds?	•						
	C.	How do you feel about your surgice	1	_	7	ery	Pl	2652	d				
	D.	Is there anything your surgeon cou	ıld ha	ave do	ne to	impr	ove your	experier	ice? N	b			
	FO	LLOW UP											
	A.	If there were a need for you to hav	e pla	stic sı	ırger	y aga	in, would	l you retu	rn to our	office?			
	В.	Do you recommend our office to you	our fi	riends	or re		s conside	ering plas	stic surge	ry?			
Ί.	We	welcome your comments and sugg	estic	ons:								<del></del>	
					_							<del></del>	
	Nar	me (optional):_				~elep <b>l</b>	nonė #				_		

Dear Patient,

A. In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No  B. During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No  C. Did the waiting time seem reasonable to you? Yes No	
- helpful? Yes No  B. During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No	
B. During your visits to the office, were our receptionists: - friendly?	
- friendly?	
- responsive? Yes No	
C. Did the waiting time seem reasonable to you? roll Yes \tau No	
or and the maning anno documentation to your light to a light to	
D. What was your source of referral to our practice? If more than one applies, please indicated of importance.	ate order
Family/FriendPhysician	
Print/MediaOtherOther	
II. THE CONSULTATION PROCESS	
A. Was your consultation educational and helpful in understanding:	
- the surgery to be done?	
- the potential risks and complications?	
B. Were all of your questions answered?	
yes	
C. Was accreditation of the surgeon important to you?	
Very	
D. Was accreditation of the facility important to you?	
D. Was addressed to the radiity important to you.	
E. What do you think of our brookure and letters?	
E. What do you think of our brochure and letters?	·
F. Did you consider another plastic surgery office?   Yes No	
If yes, why did you choose our office rather than the others?	
If no, why did you only consider our office?	
I liked the accreditations	

A.	In your initial visit to our office		_	<b>K</b> 1.		
	- informative?	y Yes		No	( )	
	- caring?	[万⊾ Yes		No		
	- professional?	YZI_Yes		No		
В.	Were your financial arranger	nents made in a	prof	essio	nal and unembarassing manner?	
		non				
C.		luled, did the am	noun	t of co	ontact initiated by the nurses meet	your
	pre-operative needs?	C	zio			
D.	Do you feel the nursing staff				ou had a question or concern?	
			ge		4,0	
Ε.	What do you think about the	pre-operative pa	O acka	ge an	d post-op instructions?	
•	•	u	بعر	2		
F.	Is there anything the nursing	staff could have	don	e to ir	mprove your experience?	
•	to alore only allegate hereally	Tan Sould Have	m			
DI.F	VEICIANI AND EUDOEDV		700			
	YSICIAN AND SURGERY Was your surgeon's surgical	treatment:	Y			
Λ.	- knowledgeable?	Yes		No	$\mathcal{S}$	
	- caring?	Ŋ Yes		No		
	- thorough?	∑¶- Yes		No		
	- professional?	ZI Yes		No		
	- patient?	✓ Yes		No		
			_	*		
B.	Did your pre and post-operat	ive care meet yo	our n	eeds1	?	
		yes				
C.	How do you feel about your s					
		satu	efi	in		
D.	Is there anything your surged	n could have do	ne to	o impi	rove your experience?	
	5	no				
FO	LLOW UP					
A.	If there were a need for you t			ry aga	ain, would you return to our office?	
		yes				
В.	Do you recommend our office	e to your friends	or re	elative	es considering plastic surgery?	
	~0	yes				
We	e welcome your comments and	l suggestions:				

Dear Patient,

l.		In your initial contact by phone, were our receptionists: - courteous? Y Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? 💢 Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family/Friend Physician
		Print/Media Phocnix Maa Other
		- I I I I I I I I I I I I I I I I I I I
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
		Very
	E.	What do you think of our brochure and letters?
		I was very impressed.
	F.	Did you consider another plastic surgery office? 🔀 Yes 🗖 No
		Professionalism. Your staff was honest.
		If no, why did you only consider our office?

131.	IAC	ALC DINICAL	AFF AND SURGERT S	CHEL	ついにい	G	
	A.	In your init	ial visit to our office, we	re our	r nurs	es:	<b>(</b> )
		- informativ	ve?	Ó	Yes		] No
		- caring?		N	Yes	П	] No
		- professio	nal?	$\mathbf{T}$	Yes		] No
		p. 5. 5 5 5 5		-K	. 00	<b>ر</b> بـــ	
	В.	Were your		mad	e in a	prof	ofessional and unembarassing manner?
	C		,	તાંત મ	ho am		ent of contact initiated by the nurses meet your
	O.		ive needs? <b>/C5</b>	, ala ti	ne an	iouii	nt of contact initiated by the nurses meet your
	D.	Do you fee	el the nursing staff was	easily	acces	ssibl	ble if you had a question or concern?
			are mareing etail was	Judny	40000	30101	sie ii you ilaa a qaasiion or oonoom:
		yes					0.6
	E.	What do yo	ou think about the pre-on-	perat	iye pa	cka(	age and post-op instructions?
	F.	Is there an	vthing the nursing staff	could	have	don	one to improve your experience?
	•	10 11.010 411	yamig alo nalomg clan	000.0			ne to improve your experience.
							0 .0
IV.	PH	YSICIAN AI	ND SURGERY				
	A.	Was your s	surgeon's surgical treat	nent:		7	
		- knowledg	eable?	X	Yes		No Co
		- caring?		<b>i</b>	Yes		l No
		- thorough?	?	<b>X</b>	Yes		l No
		- profession			Yes		No
		- patient?			Yes		No
		pationi.		13			
	В.	Did your pr	e and post-operative ca	ro me	not vo	ur n	nondo?
	D.	Ves	e and post-operative ca	116 1116	eet yo	ui ne	needs?
		JC J					,
	C.	How do you	ı feel about your surgic	ai resi	ult?	i i	مط المسيا
	•	Happici	than lover in	nagi	ina	L	LOCKA DE.
	D.	Is there any	ything your surgeon cou	ıld ha	ve do	ne to	to improve your experience?
		no			<b>,</b>		·
٧.	EOI	LLOW UP					
٧.			ro a pood for you to hav	o plac	atio au		and again, would you return to our office?
	Λ.	ONCY	your office.	e pias	suc su	igei	ery again, would you return to our office?
	В.	Do you rec	ommend our office to y	our fri	ends	or re	relatives considering plastic surgery?
	`	yes-ti	so have alre	aclu	10	MC	ne to your office.
VI.	We		our comments and sug				
	Īn	VIS 200		שמ	L P	$\overset{\circ}{\Box}$	offive experience. I tell ven
	$\mathcal{L}_{\mathcal{L}}$	Switch	tapic mitizi	<b>KUCX</b>		40	att + the samery center you
	出	W CH	SOUTOU CO	SOC S	<del>KH</del>	<u> </u>	morphed with anarrant of
	444	<u> </u>	HILLIAM	للسلب	LAIL	4	
		,				_	<b>-</b>
	Nan	ne (optional				_ 1	Telephone #

Dear Patient,

I.		In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful?  Yes  No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding: - the surgery to be done?  - the potential risks and complications?  ✓ Yes ☐ No
		Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you? Vary important
	D.	Was accreditation of the surgeon important to you? Very important  Was accreditation of the facility important to you? Very important  What do you think of our brochure and letters? excellent
	E.	What do you think of our brochure and letters? excellent
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?  I was impressed by Dr. Nachbar's credentials and the professionalism of the staff.

	URSING STAFF AND SURGERY				
A.	. In your initial visit to our office, v	/	es:		
	- informative?	Yes		No	
	- caring?	Yes		No	
	- professional?	☐ Yes		No	
В.	. Were your financial arrangemer	nts made in a	pro	fession	al and unembarassing manner?
C.	. After your surgery was schedule pre-operative needs?	ed, did the an	noun	t of co	ntact initiated by the nurses meet your
D.	. Do you feel the nursing staff wa	s easily acce	ssibl	le if yoા	u had a question or concern?
E.	. What do you think about the pre Extremely hel		acka	ge and	post-op instructions?
F.	~	•	e dor	e to im	prove your experience? NO
PH	HYSICIAN AND SURGERY				
A.	. Was your surgeon's surgical tre	atment:			
	- knowledgeable?	Yes Yes	П	No	
	- caring?	্য Yes	П	No	
	- thorough?	☐ Yes		No	
	- professional?	□ Yes		No	7
	- patient?	☑ Yes		No	
B.	. Did your pre and post-operative	care meet y	our r	eeds?	Yes
C.	. How do you feel about your surg	gical result?	Vev	y pl	Yes eased ove your experience? no
D.	. Is there anything your surgeon o	could have do	one t	o impr	ove your experience? no
FC	OLLOW UP				
Α.		ave plastic s	urge	ry agai	in, would you return to our office? ue
		•	<b>J</b>	- 5	5-
В.	. Do you recommend our office to	o your friends	orr	elative	s considering plastic surgery? 465
	~0	-			J
W	e welcome your comments and si	uggestions:			
_					
_					
_					
Na	ame (optional):			Teleph	one #_

Dear Patient,

ı	ΩE	FICE STAFF AND PROCEDURES
•		In your initial contact by phone, were our receptionists:
	7	- courteous? No No
		- helpful? Yes No
	В.	During your visits to the office, were our receptionists:
	U.	- friendly? Ty Yes No
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes D No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family/Friend Physician
		Family/FriendPhysician Print/MediaOther
		THIOWCUIA
I.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications? Yes \(\bigcap\) No
	В.	Were all of your questions answered?
		405
	C.	Was accreditation of the surgeon important to you?
		1100
	D.	Was accreditation of the facility important to you?
	٥.	UO C
	E.	What do you think of our brochure and letters?
	L.	Regulation + professional
	_	
	F.	Did you consider another plastic surgery office?   Yes No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		Friend highly recommended!

In your initial visit to our office, w - informative? - caring?	ere our nurs Yes∠Yes	es:	<b>3.</b> 1 -	
	∑K–Yes		3 I -	_
- caring?	7 /		No	
- caring:	Yes		No	
- professional?	Yes		No	
Were your financial arrangemen	its made in a	prof	essional and	unembarassing manner?
After your gurgery was debadule	d did the an	oun	t of contact in	itiated by the nurses meet your
pre-operative needs?		louri	t Of Contact III	mateu by the marses most your
Do you feel the nursing staff was	s easily acce	ssibl	e if you had a	question or concern?
YPC	, ,			
What do you think about the pre	-operative pa	acką	ge and post-o	p instructions?
veruin	form			O
Is there anything the nursing sta	ff could have	don	e to improve	your experience?
	MOL	Q	erful	
IYSICIAN AND SURGERY		Ų		
Was your surgeon's surgical trea	atment:		6	
- knowledgeable?	Yes		No	
- caring?	LYes		No	
- thorough?	X Yes		No	
- professional?	Yes		No	
- patient?	Yes		No	
Did your pre and post-operative	care meet vo	our n	eeds?	
4-25				
How do you feel about your surg	ical <sub>)</sub> result?			
Ilove				
	ould have do	ne t	o improve you	ır experience?
ts 1+.	DOCSI	M	07	
OLLOW UP	4020	V	<i>y</i> ,	
	ave plastic s	urae	rv again, wou	ld you return to our office?
Yes		3-	., ., .,	, ,
Do you recommend our office to	your friends	or r	elatives consi	dering plastic surgery?
e welcome your comments and si	iddestions:			
o molocino your commonward of	-33-310110.		\ (c) \ \ \	
Very Trojessi	onal	+	Very	JUT157 160C.
	After your surgery was schedule pre-operative needs?  Do you feel the nursing staff was What do you think about the present of the staff was What do you think about the present of the staff was your surgeon's surgical tree - knowledgeable? - caring? - thorough? - professional? - patient?  Did your pre and post-operative  How do you feel about your surgeon of the staff of the staf	After your surgery was scheduled, did the ampre-operative needs?  Do you feel the nursing staff was easily access. What do you think about the pre-operative particle is there anything the nursing staff could have the pre-operative particle. When the pre-operative particle is there anything the nursing staff could have the pre-operative particle. When the pre-operative particle is there anything the nursing staff could have the pre-operative particle. The pre-operative particle is the pre-operative particle is the pre-operative particle is the pre-operative particle. The professional?  Did your pre and post-operative care meet you surgical presult?  Is there anything your surgeon could have do pre-operative particle. The profession is the pre-operative particle in the pre-operative particle particle in the pre-operative particle particle in the pre-operative particle par	After your surgery was scheduled, did the amoun pre-operative needs?  Do you feel the nursing staff was easily accessible what do you think about the pre-operative packate is there anything the nursing staff could have doredown the pre-operative packate is there anything the nursing staff could have doredown the pre-operative packate is there anything the nursing staff could have doredown the pre-operative packate is there anything staff could have doredown the pre-operative packate is the pre-operative packate in the pre-operative packate in the pre-operative packate in the pre-operative	Do you feel the nursing staff was easily accessible if you had a will was a composite or the pre-operative package and post-operative care meet your needs?  How do you feel about your surgical result?  Is there anything your surgeon could have done to improve your presence of the province

Dear Patient,

1.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous?
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? TYes No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other_WEB
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done?
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? NA
	F.	Did you consider another plastic surgery office? The No  If yes, why did you choose our office rather than the others?  Because Fr. Nachbar Interned to what A wanted  If no, why did you only consider our office?  and what A was confortable  with.

A. In your initial visit to our office, were our nurses: - informative? - caring? - professional?  B. Were your financial arrangements made in a professional and unembarassing manner?  G. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  G. Do you feel the nursing staff was easily accessible if you had a question or concern?  G. What do you think about the pre-operative package and post-op instructions?  F. Is there anything the nursing staff could have done to improve your experience?
- caring? - professional?  B. Were your financial arrangements made in a professional and unembarassing manner?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - D. Do you feel the nursing staff was easily accessible if you had a question or concern?  - C. What do you think about the pre-operative package and post-op instructions?  - C. What do you think about the pre-operative package and post-op instructions?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  - C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?
- professional?  B. Were your financial arrangements made in a professional and unembarassing manner?  G. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  G. What do you think about the pre-operative package and post-op instructions?  When the pre-operative package and post-op instructions?
<ul> <li>B. Were your financial arrangements made in a professional and unembarassing manner?</li> <li>G. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?</li> <li>D. Do you feel the nursing staff was easily accessible if you had a question or concern?</li> <li>G. What do you feel the nursing staff was easily accessible if you had a question or concern?</li> <li>E. What do you think about the pre-operative package and post-op instructions?</li> <li>G. What do you think about the pre-operative package and post-op instructions?</li> <li>G. What do you think about the pre-operative package and post-op instructions?</li> </ul>
C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  G. What do you think about the pre-operative package and post-op instructions?  Why help ful - explicit all pre-coping.
pre-operative needs?  USE:  D. Do you feel the nursing staff was easily accessible if you had a question or concern?  USE:  What do you think about the pre-operative package and post-op instructions?  Why help ful - explicitly pre-cop.
<ul> <li>D. Do you feel the nursing staff was easily accessible if you had a question or concern?</li> <li>Get</li> <li>E. What do you think about the pre-operative package and post-op instructions?</li> <li>What he pulled the pre-operative package and post-op instructions?</li> </ul>
E. What do you think about the pre-operative package and post-op instructions?  Very helpful - expecially pre-cop.
E. What do you think about the pre-operative package and post-op instructions?  Very helpful - expecially pre-cop.
very helpful-especially pre-op.
r. Is there anything the nursing stan could have done to improve your expenence?
PHYSICIAN AND SURGERY
A. Was your surgeon's surgical treatment:
- knowledgeable?
- thorough?
- professional?
- patient?
B. Did your pre and post-operative care meet your needs?
ists
C. How do you feel about your surgical result?
Very happy
D. Is there anything your surgeon could have done to improve your experience?
IS the surjaining your outgoon could have done to improve your expensions.
FOLLOW UP
A. If there were a need for you to have plastic surgery again, would you return to our office?
B. Do you recommend our office to your friends or relatives considering plastic surgery?
ises.
We welcome your comments and suggestions:

Dear Patient,

I.		PFFICE STAFF AND PROCEDURES
	^	In your initial contact by phone, were our receptionists:
		- courteous?
		- helpful? ☑ Yes ☐ No
	В.	. During your visits to the office, were our receptionists:
		- friendly? 🐧 Yes 🗇 No
		- responsive?
	C.	Did the waiting time seem reasonable to you? 🔁 Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/MediaOther_
ii.		IE CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications? Yes 🗖 No
	B.	Were all of your questions answered?
		MES
	C.	Was accreditation of the surgeon important to you?
		YES
	D.	Was accreditation of the facility important to you?
		MES
	E.	What do you think of our brochure and letters?
		STYLISH & PROFESSIONIAL
	F.	Did you consider another plactic and the second sec
		If yes, why did you choose our office rather than the others?
		LELT MORE COMFORTABLE WI DOCTOR, STAFF
		If no, why did you only consider our office?  CPROPOSIED TREATMART/DARE
		ľ

III.	III. NURSING STAFF AND SURGERY SCHEDULING										
	A.	In your initial visit to our office, we	re ou	ır nurs	es:						
		- informative?		Yes		No					
		- caring?	因	Yes		No					
		- professional?	ø	Yes		No					
	В.	Were your financial arrangements	mad	de in a	prof	essioi	nal and unembarassing manner?				
		YES									
	C.	After your surgery was scheduled pre-operative needs?	did 1	the am	oun	of co	ntact initiated by the nurses meet your				
		Yr >					( )				
	D.	Do you feel the nursing staff was o	easily	/ acces	ssibl	e if yo	u had a question or concern?				
	E.	What do you think about the pre-o	-	-			post-op instructions?  ○○ PPIECISE				
	F.	Is there anything the nursing staff	coulc	l have	don	e to in	nprove your experience?				
IV.	рЦ	YSICIAN AND SURGERY									
14,											
	Α.	Was your surgeon's surgical treatrest - knowledgeable?				A1_	60				
		- caring?		Yes		No No					
		- thorough?		Yes		No No	O'				
				Yes		No					
		- professional?		Yes		No					
		- patient?	De	Yes		No					
	B.	, , , , , , , , , , , , , , , , , , ,									
		YES .									
	C.	How do you feel about your surgica	- 3	ult?							
	D.	Is there anything your surgeon cou	ld ha	ve dor	ne to	impro	ove your experience?				
		NO									
V.		LLOW UP									
A. If there were a need for you to have plastic surgery again, would you return to our of ✓ Æ S					n, would you return to our office?						
	B.	Do you recommend our office to yo $ egtin{array}{cccccccccccccccccccccccccccccccccccc$	our fri	iends (	or re	latives	s considering plastic surgery? → fe. —				
VI.	We	welcome your comments and sugg	estio	ns:							
	-										
	Nan	ne (optional):			Т	eleph	one #_				

Dear Patient,

1.	OF	In your initial contact by phone, were our receptionists: - courteous?
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? No
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
11.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  □ Yes □ No
	B.	Were all of your questions answered?
		425
	C.	Was accreditation of the surgeon important to you? $4e9$
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?  Mad experienced M. Nachban's werk a was  Very Satisfied
		Very Satisfied

Νl	JRSING STAFF AND SURGE	ERY SCHEDULIN	IG		
A.	In your initial visit to our office	ce, were our nurs	es:		
	- informative?	✓ Yes		No	
	- caring?			No	
	- professional?	<b>⊡</b> ∕ Yes		No	
B.	Were your financial arrange	ements made in a	pro	fessional a	and unembarassing manner?
C.	After your surgery was sche pre-operative needs?	eduled, did the an	noun	t of contact	ct initiated by the nurses meet your
D.	Do you feel the nursing stat	f was easily acce	ssib	le if you ha	ad a question or concern?
				- 1/0	5
E.	What do you think about the	e pre-operative pa	acka	ge and po	st-op instructions?
		bost		1 4	
F.	Is there anything the nursing	Q.O.	dor	e to impre	ove your experience?
		100		7 .	
Ρŀ	IYSICIAN AND SURGERY				
Α.		al treatment:	Y		
′ "	- knowledgeable?	Yes	П	No	2
	- caring?	MY Yes		No	
	- thorough?	প Yes		No	
	- professional?	M Yes		No	
	- patient?	₩ Yes	Ä	No	
	- paucii:	Ly 100	L		
В.	Did your pre and post-opera	ative care meet vo	our r	needs?	
	,				pochations
С	How do you feel about your	surgical result?	,	U	,
٠.		very b	νo(D:	py at	yoctations Thankful
D.	Is there anything your surge	eon could have do	۱ one t	o improve	your experience?
			NO		•
FC	DLLOW UP		,~ <i>U</i>		
		to have plastic s	urge	ry again, v	would you return to our office?
					e in the past)
В.	Do you recommend our offi		•		
	20 you recommend our on		les		
W	e welcome your comments a	nd suggestions:	+ / -	10. A	in die Diold
_	e welcome your comments as No. Dachten 19	in aitist.	the	DUS	in his frien
Na	ame (optional):		_	Telephon	e#

Dear Patient,

l.	OF	FICE STAFF AND PROCEDURES				
	A.	In your initial contact by phone, were our receptionists: - courteous? Y Yes  No				
		- helpful?				
	B.	During your visits to the office, were our receptionists: - friendly?				
	C.	Did the waiting time seem reasonable to you? Yes  No				
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend				
II.	A. Was your consultation educational and helpful in understanding: - the surgery to be done?  Types  No					
	_					
	В.	Were all of your questions answered?				
	C.	Was accreditation of the surgeon important to you?				
	D.	Was accreditation of the facility important to you?				
	E.	What do you think of our brochure and letters? Very informative				
	F.	Did you consider another plastic surgery office? TYes No				
		If yes, why did you choose our office rather than the others?				
		If no, why did you only consider our office?				
		Referral was assuring				

III.	NU	IRSING STAFF AND SURGERY S	CHEDULIN	<b>I</b> G					
	A.	In your initial visit to our office, we	re our nurs	es:					
		- informative?	Yes		No				
		- caring?	Yes Yes		No				
		- professional?	Yes		No				
	В.	Were your financial arrangements	made in a	proi	fessi	onal and u	nembarassing	manner?	rs/
	C.	After your surgery was scheduled, pre-operative needs?	did the am	noun	t of c	contact init	iated by the nu	rses meet you	yes
	D.	Do you feel the nursing staff was e	easily acce	ssibl	e if y	où had a d	question or con	cern? Y	W
	E.	What do you think about the pre-o	perative pa	acka	ge ai	nd post-op	instructions?	outsta	inde.
	F.	Is there anything the nursing staff	could have	don	e to	improve y	our experience	? No	
						4.			
IV.		YSICIAN AND SURGERY							
	A.	Was your surgeon's surgical treatr		Y			,		
		- knowledgeable?	Yes		No	9			
		- caring?	'Yes		No	7			
		- thorough?	Yes Yes		No	U			
		- professional?	Yes		No				
		- patient?	Yes		No				
	В.	Did your pre and post-operative ca	are meet yo	our n	eeds	i? yes			
	C.	How do you feel about your surgic	al result?	<i>/</i>	2m	plr			
	D.	Is there anything your surgeon cou	ıld have do	ne t	o imi	orove your	experience?	No	
.,									
V.		LLOW UP	مالممام م			املينميين مئم	vou roturn to o	ur office?	10 2
	A.	If there were a need for you to hav	e piastic st	urge	ry ag	ain, would	you return to c	our office?	per-
	B.	Do you recommend our office to you	our friends	or re	elativ	es conside	ering plastic su		لمعا
VI.	We	welcome your comments and suga The heat mone	- 1	2	0	men.	Defint.	Wish	ed
		I would have	of do	ne		it ye	ars ag	<i>D</i> -	
						(/			
	Na	me (options			Tele	ohone #			
				_					

Dear Patient,

1.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Print/Media Other_Previous Patrent
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  ✓ Yes ☐ No
	B.	Were all of your questions answered?  yes. Dr. Nachbor is very thorough.
	C.	Was accreditation of the surgeon important to you? yes, but past experience means aton as well.
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  Terrific + thorough.
	F.	Did you consider another plastic surgery office?  Yes  No
		If yes, why did you choose our office rather than the others? 1st surgery and I It had been a while since my until competition offered If no, why did you only consider our office?
		as well and to see how
		Dr. Nochdar measured w/
		others (since he was all
		I know of course he
		was the dest!!!

III.	NU	NURSING STAFF AND SURGERY SCHEDULING		
	A.	A. In your initial visit to our office, were our nurses:		
		- informative? ☐ Yes ☐ No		
		- caring?       Yes    No		
		- professional?		
	_			
	В.	B. Were your financial arrangements made in a profession	nal and unemparassing manner?	
		yes, even after		
	C.	C. After your surgery was scheduled, did the amount of co pre-operative needs?	ontact initiated by the nurses meet your	
		yes.		
	D.	D. Do you feel the nursing staff was easily accessible if yo	bu had a question or concern?	<i>)</i> ,
		yos-because u	a called a few tomes	
	E.	E. What do you think about the pre-operative package and	d post-op instructions?	0.1
		Excellent - that was gr	eat reading makeral	OCYCH 1 - 11
	F	E. What do you think about the pre-operative package and Excellent — that was given for the pre-operative package and Excellent — that was given for the pre-operative package and was given before to in the pre-operative package and was given by the pre-operative package and was given by the pre-operative package and pre-operative package and was given by the pre-operative package and the pre-operative package package and the pre-operative package p	morove your experience?	estimes.
	• •	No - they were all war	rden Ful!	
		, - , , ,		
IV.		PHYSICIAN AND SURGERY		
	A.	A. Was your surgeon's surgical treatment: - knowledgeable? ☐ No		
			9)	
		- professional? ☐ Yes ☐ No - patient? ☐ Yes ☐ No		
		- patient:		
	B.	B. Did your pre and post-operative care meet your needs?	?	
		yes		
	C	C. How do you feel about your surgical result?		
	О.	I'm so thrilled!	•	
	Ь	D. Is there anything your surgeon could have done to impr	rove vour experience?	
	D.	D. Is there anything your surgeon could have done to impr	Tove your experience:	
V.		FOLLOW UP  A. If there were a need for you to have plastic surgery aga	oin would you return to our office?	
	Α.			
	_	Absolutely - 3x a charm		
	В.	B. Do you recommend our office to your friends or relative	es considering plastic surgery?	
	141	All the time !!!		
VI.		We welcome your comments and suggestions:  Even often exployme, my softe	ons Dr. Nachbar proved	1
			sensitive and thorough	•
		without making me feel	like just a number	-
			+ recommend him to e	Overnine
		consider him for the future		ے، ای
	Na	Name (optional): Telepl	hone #	

Dear Patient,

<b>.</b>		FICE STAFF AND PROCEDURES
	Α.	In your initial contact by phone, were our receptionists:
		- courteous? 👿 Yes 🔳 No
		- helpful? Yes D No
	B.	During your visits to the office, were our receptionists:
		- friendly? □ Yes □ No
		- responsive?
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/Media X Other
_		
l.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	B.	Were all of your questions answered?
	0	Man approximation of the purgoon important to you?
	U.	Was accreditation of the surgeon important to you? Surge a Yes
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? Wonderful
		δ
	F.	Did you consider another plastic surgery office? TV Yes  No
		If yes, why did you choose our office rather than the others?
Ux	) 1 1 17	. Credentials then for your professionalism kindness courdery
7		Credentials, then for your professionalism Kindness countery If no, why did you only consider our office?
v		il no, why did you only consider our onice?

NU	RSING STAFF AND SURGERY S	CHEDULI	NG		
Α.	In your initial visit to our office, we	ere our nurs	ses:		
	- informative?	₩ Yes		No	
	- caring?	Yes		No	
	- professional?	∭ Yes		No	
_					
В.	Were your financial arrangements	s made in a }	prof	essional and	d unembarassing manner?
С	After your surgery was scheduled	/ ⊢did the ar	กดมท	t of contact in	nitiated by the nurses meet your
0.	pre-operative needs? Upp	, a.a a.b a. ノ		c or correct ii	made by the harder meet year
	F				
D	Do you feel the nursing staff was	easily acce	ssibl	e if you had a	a question or concern?
	-	•			
			_		op instructions? Very Information very experience? Everything we perfect,
E.	What do you think about the pre-	operative p	acka	ge and post-	op instructions? Very Uniperman
F.	Is there anything the nursing staff	could have	e don	e to improve	your experience? Every thing wa
			(7		nondratt.
DLIV	YSICIAN AND SURGERY				Judget.
<b>M</b>	Was your surgeon's surgical treat	mont			V
Α.	- knowledgeable?	Yes		No S	
	•	Y Yes			
	- caring?	Τ.	_	No No	
	- thorough?	Yes			
	- professional?	Yes Yes		No	
	- patient?	Day Ies	L)	140	
B.	Did your pre and post-operative c	are meet v	our n	eeds? ULA	n J
٥.	Dia your pro una post operativo o	aro most y		oud. gr	
•	How do you feel about your surgice	oal racult?	1.	+: 11.1	( Tully)
U.	now do you leel about your surgic	ai lesuit?	المه	inspila	7 may
_					· · · · · · · · · · · · · · · · · · ·
D.	is there anything your surgeon co	uia nave ad	one to	improve you	superionce? Everything was
					super, outstanding
					·
Α.	If there were a need for you to have	ve plastic s	urger	y again, wou	uld you return to our office?
					ove all of you.
B.	Do you recommend our office to y	our friends	or re	elatives consi	idering plastic surgery? You, of coe
					7 0
We	welcome your comments and sug	gestions:			·
				<u> </u>	
				ı	
Nan	ne (optional			elephone #_	
				1	

Dear Patient,

l.	OF A.	FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:  - courteous?  Yes  No - helpful?  Yes  No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Other
II.	TH	E CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered? $\ensuremath{\sqrt{\ell^2 5}}$
	C.	Was accreditation of the surgeon important to you?  √eS
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? S Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office? Work with why schedule

III.	NU	RSING STAFF AND SURGERY S	CHEDULII	٧G		
	A.	In your initial visit to our office, we	re our nurs	es:		
		- informative?	🗹 Yes		No	
		- caring?	☑ Yes		No	
		- professional?	Yes		No	
	B.	Were your financial arrangements	s made in a	prof	essio	nal and unembarassing manner?
		2 · · · ·				325
	C.	After your surgery was scheduled	, did the ar	noun	t of c	ontact initiated by the nurses meet your
		pre-operative needs?				Yes
	D.	Do you feel the nursing staff was	easily acce	essibl	e if y	ou had a question or concern?
						yes
	Ε.	What do you think about the pre-	operative p	acka	ge an	d post-op instructions?
	<b></b>	TVIIde do you dimin about the pre-	- P		3	It was good.
						ď
	F.	Is there anything the nursing staff	could have	e dor	ie to i	mprove your experience?
				0		No -
IV.	PH	YSICIAN AND SURGERY				•.0
	A.	Was your surgeon's surgical trea	tment:			
		- knowledgeable?	☑ Yes		No	
		- caring?			No	
		- thorough?	☑ Yes		No	
		- professional?	☑ Yes		No	
		- patient?	√ Yes		No	
					X	
	В.	Did your pre and post-operative of	are meet y	our r	eeds	?yes
						0
	Ç.	How do you feel about your surgi	cal result?			1. 1 st < - 2 & a
		I wish I would	hove	7	10/ve	a bagger breast side
	D.	Is there anything your surgeon co	uld have d	one t	o imp	prove your experience? full turning tuck to
			7			Jen 1.0 21 311 810
٧.	FO	LLOW UP				·
••			ve plastic s	surge	ry ag	ain, would you return to our office?
	,		•	Ū	, ,	ges
	B	Do you recommend our office to	vour friend	sorr	elativ	es considering plastic surgery?
	D.	Bo you recommend our office to	your mond	0 01 1	Oldiv	
VI.	۱۸/۵	e welcome your comments and su	agestions:			
War	٨	Sharon - Thank	487L	S	رت	much to making
WOO!	$\exists$	ws a good expe	<u> cahor</u>	<u>-</u>	ت ر	me. T will be lin
		touch ofor a to	1100	45	2 1	1616 3515.
	Ni-	emo (antianal):			Toloi	
	IVá	me (optional);			1 010	$\frac{1}{1}$
S	ΛOV	ron-I got a	mess	do	χC	that you called. The lives crazy! well talk
	, c- ·	d solomo has	10001		() /~:	clips community well-talk
/W/S	, '	4 SICILIUSS 145	MACCOL		$\mathcal{O}^{\mathcal{O}}$	Soon

Dear Patient,

	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists: - courteous?
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? 🔽 Yes 🗖 No
		What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend_S/S+CY
l.		E CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding:  - the surgery to be done?
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	_	What do you think of our brochure and letters?  Very explanitory
	F.	Did you consider another plastic surgery office? The surgery office? The surgeon impressed me and seemed to care about patient If no, why did you only consider our office?

	URSING STAFF AND SURGERY S							)	
Α.	In your initial visit to our office, we	/		No					
	- informative?	Yes		No					
	- caring?	☑ Yes		No					
	- professional?	<b>⊠</b> Yes		No					
B.	Were your financial arrangement	s made in a	prot	fessiona	l and ur	nembara	assiņg m	anner?	
C.	After your surgery was scheduled pre-operative needs?	l, did the an	noun	t of cont	act initia	ated by	the nurse	es meet yo	our
	yes.			4					
D.	Do you feel the nursing staff was	easily acce	ssibl	le if you l	had a q	uestion	or conce	rn?	
	Nee.				7		<b>D</b>		
E.	What do you think about the pre-	operative pa	acka	ge and p	ost-op	instructi	ons?		
F.	Is there anything the nursing staff	could have	don	e to imp	rove yo	ur expe	rience?		
	no.		7	7		)			
Pŀ	HYSICIAN AND SURGERY		7						
A.	Was your surgeon's surgical treat	imenț:	7						
	- knowledgeable?	☑ Yes		No C	2				
	- caring?	Yes		No					
	- thorough?	Yes		No					
	- professional?	Yes Yes	П	No					
	- patient?	Yes		No					
В.	Did your pre and post-operative c	are meet vo	วยต ก	eeds?					
υ,	yes	aro most y							
C.	How do you feel about your surgion		, , , ,						
	I am very happ	4 with	1	rem					
D.	Is there anything your surgeon co					experier	nce?		
	$\gamma_0$ .								
FC	DLLOW UP								
Α.		ve plastic s	urge	ry again,	would	you retu	ırn to our	office?	
B.	Do you recommend our office to y  US, all the time		or re	elatives o	conside	ring pla	stic surge	ery?	
W	e welcome your comments and sug								
		-							
Na	ame (optional):			Telepho	ne #				_
									-

Dear Patient,

•		In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
l.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered?  Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  Well dene in formative
	F.	Did you consider another plastic surgery office? Yes No
0	lt	If yes, why did you choose our office rather than the others?  The composition of the doctor and will all the strength of the consider our office? Will all the consider our office? Will all the consider our office?

I.	
	A. In your initial visit to our office, were our nurses: - informative?  Yes No
	- informative?
	- professional?
	professional.
	B. Were your financial arrangements made in a professional and unembarassing manner?
	C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your
	pre-operative needs? US, always took time to answer questrans
	D. Do you feel the nursing staff was easily accessible if you had a question or concern?
	E. What do you think about the pre-operative-package and post-op instructions?
	very complete, I reserved to 10 many times
	F. Is there anything the nursing staff could have done to improve your experience?
	NO CO
٧.	. PHYSICIAN AND SURGERY
	A. Was your surgeon's surgical treatment:
	- knowledgeable? Yes No
	- caring? Yes No
	- thorough? Yes No
	- professional? Yes No
	- patient? Yes S No
	B. Did your pre and post-operative care meet your needs?
	(11/3)
	C. How do you feel about your surgical result?
	VERU happer, Authoral results, love my flete things
	C. How do you feel about your surgical result?  VERY happy in the country of the
_	include directions to recovery center for family
٧.	A. If there were a need for you to have plastic surgery again, would you return to our office?
	1 11.5
	B. Do you recommend our office to your friends or relatives considering plastic surgery?
	IMS
VI.	We welcome your comments and suggestions:
	VIOUNE SUCTIONS IT LAST NEW REMINISTRATION TO
	Olice appreciate the one was about the asenburas
	will answered and encouraged Thanks for everythis
	Name (optional):  Telephone #
	rianio (abrianio)

Dear Patient,

	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous?
	D	During your visits to the office, were our receptionists:
	IJ.	- friendly?
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family/FriendPhysician
		Print/Media PHOGN IX MAGNAZING Other
I.	TH	E CONSULTATION PROCESS
••		Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
		The state of the s
	D.	Was accreditation of the facility important to you?
	E	10/het de veu thirds of our brechure and letters?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office?   Yes  No
	•	·
		If yes, why did you choose our office rather than the others?  Dr. Nachbar 15 Spreath Post broggy,  If no, why did you only consider our office?
		If no, why did you only consider our office?
		(VM = V)

III.	NU	RSING STAFF AND SURGERY S	CHEDULIN	<b>√</b> IG		
	A.	In your initial visit to our office, we	re our nurs	es:		
		- informative?	<b>団</b> Yes		No	
		- caring?	☑ Yes		No	
		- professional?	∏ Yes		No	
	B.	Were your financial arrangements	made in a	prof	essional and u	nembarassing manner?` N / A
	C.	After your surgery was scheduled, pre-operative needs?	did the an	noun	t of contact initi	ated by the nurses meet your
	D.	Do you feel the nursing staff was e	asily acce	ssibl	e if you had a q	uestion or concern?
	E.	What do you think about the pre-o	4	acka	ge and post-op	instructions?
	F.	Is there anything the nursing staff		don	e to improve yo	our experience?
V.	PH	YSICIAN AND SURGERY				
	A.	Was your surgeon's surgical treats - knowledgeable? - caring? - thorough? - professional? - patient?	ment:  Yes Yes Yes Yes Yes Yes Yes	00000	No No No No No	Thank you Dr. nachbar for being such a !! purection ist!
	B.	Did your pre and post-operative ca	are meet yo	our n	eeds? Ju	
	C.	How do you feel about your surgic	al result?	Fa	ntast	$\gamma \dot{c}$
	D.	Is there anything your surgeon cou	ıld have do	ne to	o improve your	experience? / 0 -
<b>/</b> .	FO	LLOW UP				
	A.	If there were a need for you to have		- 1	· 7 //	you return to our office?
			$\mathcal{M}_{\theta}$	St	Defr	nately
	B.	Do you recommend our office to y	our friends	or re	elatives conside	ering plastic surgery?
/1.	THAT A	welcome your comments and suggest was pleased and continued and suggest and suggests and suggest and s	jestions: With Body PIL MA Other	IN Af	le int - and E lage ha - All A - My x Telephone #_	Dei experince.  Colombanaticalle  Lappia Percon  Colombanaticalle  Colombanaticalle

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? Yes No
		- helpful? Yes No
	B.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive? Yes No
		Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/FriendPhysician
		Print/Media (sellow pages Other
II.	THI	E CONSULTATION PROCESS
•••		Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications?
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you? Was
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? informative
		$\mathcal{D}^{\prime\prime}$
	F.	Did you consider another plastic surgery office?
		If yes, why did you choose our office rather than the others?
		Di Machbais personality and staff
		If no, why did you only consider our office?

ſ.	NU	RSING STAFF AND SUI	RGERY SCHEDULIN	IG		
	A.	In your initial visit to our	office, were our nurs	es:		
		- informative?	<b>☑</b> Yes		No	
		- caring?	☐ Yes		No	
		- professional?	<b>☑</b> Yes		No	
	B.	Were your financial arra	ingements made in a	prof	essic	onal and unembarassing manner?
	C.	After your surgery was s	scheduled, did the am	oun	t of c	ontact initiated by the nurses meet your
		pre-operative needs?	yes			.01
	D.	Do you feel the nursing	staff was easily acces	idiaa	e if yo	ou had a question or concern?
	E.	What do you think abou	t the pre-operative pa	ıcka	ge an	id post-op instructions? great, I still
	_	Is there anything the nu	ring stoff could have	don	o to i	mprove your experience?
	F.	is there anything the nut	sing stan could have	uon	e lo ii	mplove your experience?
						5100
/.		YSICIAN AND SURGER				
	Α.	Was your surgeon's surgeon				6
		- knowledgeable?	☑ Yes		No	
		- caring?	Yes		No	$\sigma$
		- thorough?	Yes		No	
		- professional?	☑ Yes		No	
		- patient?	<b>☑</b> Yes		No	<b>&gt;</b>
	B.	Did your pre and post-op	perative care meet yo	ur n	eeds'	? eyes)
	_			,		1
	U.	How do you feel about y	our surgical result?	N	iz.	happy
	D	Is there anything your su	irgeon could have do	ne to	imp	rove your experience? Mo
	FOI	LLOW UP				1
	A.	If there were a need for	you to have plastic su	ırgei	y aga	ain, would you return to our office? yes
	B.	Do you recommend our	office to your friends	or re	lative	es considering plastic surgery?
I.	We	welcome your comments	s and suggestions:			
						<u> </u>
		no (antiox - D)				h a ma dd
	ıvar	ne (optional):_			elep	hone #_

Dear Patient,

I.	_	FICE STAFF AND PROCEDURES
	Α.	In your initial contact by phone, were our receptionists:
		- courteous? The No
		- helpful? Yes No
	B.	During your visits to the office, were our receptionists:
		- friendly? The No
		- responsive? 🙀 Yes 🔳 No
	_	Did the writing time seem reasonable to you? 17 Vos. 7 No.
	C.	Did the waiting time seem reasonable to you? 🌠 Yes 🔲 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family/Friend Physician Physician Otto
		Print/Media Magazine I phone book Other
II.	ТН	E CONSULTATION PROCESS
•••		Was your consultation educational and helpful in understanding:
		- the surgery to be done? Solve No
		- the potential risks and complications?
	<b>n</b>	
	B.	Were all of your questions answered?
		XD.
	C.	Was accreditation of the surgeon important to you?
		Mes.
	D	Was accreditation of the facility important to you?
	υ.	Who.
	E.	What do you think of our brochure and letters?
		excellent. Veky helpful.
	F.	Did you consider another plastic surgery office? 🗂 Yes 💢 No
		If yes, why did you choose our office rather than the others?
		n you, mry and you onloss out onlos ratins a ratin and earliers.
		If no, why did you only consider our office?
		year very confident in br. When box and his staff.
		I felt very confident in Or. Nachbox and his Staff. Everyne was competent, friendly, and helpful from Day One.

moui cessib packa EWa ve do	No No No No Pressional and unembarassing manner? No breed and post-op instructions? The contact infitiated by the nurses meet your
a promount	No pressional and unembarassing manner?  A break of contact initiated by the nurses meet your pole if you had a question or concern?  age and post-op instructions?  A break wy Lyfkith & very Lyfya.
a pro a pro moul	ofessional and unembarassing manner?  IN A LOUIL  Int of contact initiated by the nurses meet your  ole if you had a question or concern?  age and post-op instructions?  IT PC.  Ine to improve your experience?  Colonall my Lypkith it very lipya
a pro moui cessib packa we do	ofessional and unembarassing manner?  NO DOUN  IN O DOUN  Int of contact initiated by the nurses meet your  ole if you had a question or concern?  age and post-op instructions?  ATOC,  Ine to improve your experience?  Colored mall my lyphilud very lupya
moui cessib packa EWa ve do	nt of contact initiated by the nurses meet your  ole if you had a question or concern?  age and post-op instructions?  ATOC,  ine to improve your experience?  Colombia wy Lypkith it very liptya
essib packa VMa ve do	nt of contact infliated by the nurses meet your ole if you had a question or concern?  age and post-op instructions?  ATOC,  ine to improve your experience?  Colombia wy Lypkith it very lupya
cessib packa XWQ ve_do	ole if you had a question or concern?  age and post-op instructions?  ATOC,  ine to improve your experience?  CA Madi my Lypkith it very lipya
packa ZWQ ve_do	age and post-op instructions? It pe, ine to improve your experience? Col Madi my explicit it very linjoya
packa ZWQ ve_do	age and post-op instructions? It pe, ine to improve your experience? Col Madi my explicit it very linjoya
packa ZWQ ve_do	age and post-op instructions? It pe, ine to improve your experience? Col Madi my explicit it very linjoya
e do	ATAC. ine to improve your experience? Col made my explicitly a very enjoya
e do	ATAC. ine to improve your experience? Col made my explicitly a very enjoya
	ed made my experience very enjoya
LW.	
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	l No
	No
	No
	No
your I	needs?,
Corr	ntoetable.
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Λ	Mappy.
lone '	to improve your experience?
surge	ery again, would you return to our office?
ls or i	relatives considering plastic surgery?
	wanderfol care:
	: pur

Dear Patient,

		THE STAFF AND DESCENIES
l.	_	FICE STAFF AND PROCEDURES
	Α.	
		- courteous? Way Yes No
		- helpful? Yes D No
	B.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive? Yes  No
	_	Did the continue time again responsible to view 2. Was 17 No.
	C.	Did the waiting time seem reasonable to you? Ver No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/MediaOther_Internet_called,
II.		E CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications?
	B.	Were all of your questions answered?
		Wes.
	_	
	G.	Was accreditation of the surgeon important to you?
		yes.
	D.	Was accreditation of the facility important to you?
		Mes.
	E.	What do you think of our brochure and letters?
		91 1 2 2 4 1
	F.	Did you consider another plastic surgery office? Yes  No
		If yes, why did you choose our office rather than the others?
	J	I had several appointment Do. Machbar was the first and
	~	If no, why did you only consider our office? at loved it, I did not need to any anywhere else I was
		en anywhere else, et was.
		so ratestud and compatation

III.	NU	RSING STAFF AND SURGERY SO	HE	DULIN	G	
	A.	In your initial visit to our office, wer	e ou	r nurs	es:	
		- informative?	3	Yes		No
		- caring?		Yes		No
		- professional?	Z	Yes		No
	В.	Wes.				fessional and unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did 1	the am	oun <sup>.</sup>	t of contact initiated by the nurses meet your
	D.	Do you feel the nursing staff was e	easily	y acce	ssibl	le if you had a question or concern?
	E.		he	it x	2/16	epare me so much.
	F.	Is there anything the nursing staff				
		Mo, They sou	يد	- 9	Ne	et!
IV.		YSICIAN AND SURGERY		~		
	A.	Was your surgeon's surgical treatr	nent			
		- knowledgeable?		Yes		No
		- caring?	3	Yes		No
		- thorough?		Yes		No
		- professional?		Yes		No
		- patient?		Yes		No
	В.	Did your pre and post-operative ca	ire n	neet y	оиг п	needs?
		Yes		-	7	
	C.	How do you feel about your surgic				
		7 Jove w	,	•		
	D.	Is there anything your surgeon cou				
		Mo, he is		4-1	٩	Best!
V.		DLLOW UP		12		and the second s
	A.	$C \setminus I$	e pi	astic s	urge	ery again, would you return to our office?
	В	De you recommend our office to w	our f	friends	orr	relatives considering plastic surgery?
	В.	Do you recommend our office to y	oui	menas	Oii	elatives considering plastic surgery.
VI.	W	e welcome your comments and sug	gest	ions:		
	_	was meet, so	ι,	<u>/ / / /</u>		es, and ale his stuff
		0		Ů		.4
		Thank you			_	
	Na	ıme (optional);			L	Telephone #_

Dear Patient,

•		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous?  Yes No - helpful?  Yes No
	B.	During your visits to the office, were our receptionists: - friendly? ☑ Yes ☐ No - responsive? ☑ Yes ☐ No
	C.	Did the waiting time seem reasonable to you? ☑ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend FAMILY Physician Other Other
l <b>.</b>	ТН	E CONSULTATION PROCESS
		Was your consultation educational and helpful in understanding:  - the surgery to be done?   — Yes ☐ No  - the potential risks and complications?   ✓ Yes ☐ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you? √ES
	D.	Was accreditation of the facility important to you?  √ES
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? ☑ Yes ☐ No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?

	IRSING STAFF AND SURGERY									
A.	In your initial visit to our office, v		es:							
	- informative?	∑ Yes		No	( )					
	- caring?	⊠ Yes		No						
	- professional?	⊠ Yes		No						
B.	Were your financial arrangemen	nts made in a	pro	fessiona	al and unembarassing manner?					
C.	After your surgery was schedule pre-operative needs?	ed, did the an	noun	t of con	tact initiated by the nurses meet your					
	YES									
D.	Do you feel the nursing staff wa	is easily acce	ssib	le if you	had a question or concern?					
	YES			5	7. (0)					
E.	What do you think about the pre	e-operative pa	acka	ge and	post-op instructions?					
	VERY GOOD			( ~						
F.	Is there anything the nursing sta	aff could have	dor	ne to im	prove your experience?					
	NONE				0					
PH	IYSICIAN AND SURGERY									
A.	Was your surgeon's surgical tre	atment:								
	- knowledgeable?	⊠. Yes		No						
	- caring?	Yes		No						
	- thorough?	Yes		No						
	- professional?	<b>⊠</b> Yes		No						
	- patient?	☑ Yes		No						
B.	Did your pre and post-operative	care meet v	our r	eeds?						
_,	YES									
C.	How do you feel about your sur	gical result?	<b>)</b>							
	Excellent									
ח	Is there anything your surgeon	could have do	one t	o impro	ve vour experience?					
٥.	Novie									
FO	DLLOW UP									
	If there were a need for you to h	nave plastic s	urge	ry agair	n, would you return to our office?					
	YE'S									
В.	Do you recommend our office to	o your friends	orr	elatives	considering plastic surgery?					
	YES	-								
We	e welcome your comments and s	uggestions:			/					
	PRGFESSIONAL, EXCELLENT	T AND MA	KE	PATIE	UT STATISFACTION					
_										
Na	ime (optional):		-	Teleph	one #_					

Dear Patient,

l.	OF A.	In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? TYes No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/Media Other Pyulosus pakew
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters? VM Hound
	F.	Did you consider another plastic surgery office? ✓ Yes □ No
		If yes, why did you choose our office rather than the others?  Med Dr Nach but beller
		If no, why did you only consider our office?

II.	NU	RSING STAFF AND SURGERY S	CHEDULIN	1G							
	A.	In your initial visit to our office, we	ere our nurs	es:							
		- informative?	Yes Yes		No						
		- caring?	∠ Yes		No						
		- professional?	Yes		No						
	В.		s made in a	prof	essional and unembarassing manner?						
		yle									
	C.	After your surgery was scheduled pre-operative needs?	i, did the an	noun	t of contact initiated by the nurses meet your						
		o .			hoo						
	D.	Do you feel the nursing staff was	easily acce	ssibl	e if you had a question or concern?						
					0.						
	Ε.	What do you think about the pre-	operative pa	acka	ge and post-op instructions?						
		Very he	lpful	,							
	F.	Is there anything the nursing staff	could have	don	e to improve your experience?						
			n0	0							
٧.	ъц	YSICIAN AND SURGERY	7 . 0		, 0						
ν.		Was your surgeon's surgical treat	ment:								
	Α.	·	Yes		No						
		- knowledgeable?	<b>/</b>		No						
		- caring?	Yes								
		- thorough?	Yes		No						
		- professional?	Yes		No						
		- patient?	Yes		No						
	В.	Did your pre and post-operative c	ara moet w	aur n	ends?						
	D.	Did your pre and post-operative of	are meer yo	Jul II	eeus						
	C.	How do you feel about your surgice	cal result?	1/	ery happy						
		( or ) ( veriple)									
	D.	. Is there anything your surgeon could have done to improve your experience?									
		NO									
<b>/</b> .	FΩ	LLOW UP	•								
			ve plastic s	urae	rv again, would you return to our office?						
		n. If there were a need for you to have plastic surgery again, would you return to our office?									
	В.	and the state of t									
		already have									
۷I.	We welcome your comments and suggestions:										
	•			····							
	Na	me (optional):_			Felephone #						
		` ' '									

Dear Patient,

I.		FICE STAFF AND PROCEDURES In your initial contact by phone, were our receptionists:
	Λ.	- courteous? Yes No
	₿.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? TYes DNo
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/FriendPhysician
		Print/Media hain magazine Other
II.	тн	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
	_	
	В.	Were all of your questions answered? Wosolutely
	_	2 200
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you? not as much
	E.	What do you think of our brochure and letters? extremely informative
	F.	Did you consider another plastic surgery office? ☐ Yes ☐ No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office? the timeliness of the

III.	NU	IRSING STAFF AND SURGERY	SCHEDULIN	NG			
	A.	In your initial visit to our office, v	vere our nurs	es:			
		- informative?	🗗 Yes		No		
		- caring?	Yes		No		
		- professional?	Yes		No		
	B.	Were your financial arrangemen	nts made in a	pro	fessio	nal and unembarassing manner? ප്രട	
	C.	After your surgery was schedule pre-operative needs? yes	ed, did the an	noun	t of co	ontact initiated by the nurses meet your	
	D.	Do you feel the nursing staff wa	s easily acce	ssibl	e if yo	ou had a question or concern? yes	
	E.	What do you think about the pre	-operative pa	acka	ge an	d post-op instructions? Very	
	F.	Is there anything the nursing sta	ff could have	don	e to ir	nprove your experience? no	
IV.	РН	YSICIAN AND SURGERY		7			
	A.	Was your surgeon's surgical tree knowledgeable? - caring? - thorough? - professional? - patient?	Atment:  Yes  Yes  Yes  Yes  Yes  Yes	00000	No No No No No		
	B.	Did your pre and post-operative	care meet yo	our n	eeds?	yes	
	C.	How do you feel about your surg	ical result?	L	لصا	IE IT!!!	
	D.	Is there anything your surgeon o	ould have do	ne to	o impi	ove your experience? No	
v.	FO	LLOW UP					
			ave plastic s	urgei	y aga	in, would you return to our office? பூட்\$	
	В.	Do you recommend our office to	your friends	or re	elative	es considering plastic surgery? ~~ < +	nar
VI.	We	e welcome your comments and su	ggestions:				- -
							-
	Nai	me (optional):		-	Telepl	none #_	

Dear Patient,

	<u></u>	TIOT OTATE AND DECCEPTIBES
I.		FICE STAFF AND PROCEDURES
	Α.	In your initial contact by phone, were our receptionists:
		- courteous? See Yes No
		- helpful? The Yes The No
	B.	During your visits to the office, were our receptionists:
		- friendly? See No
		- responsive? No
	C.	Did the waiting time seem reasonable to you? 👩 Yes 🗍 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Femily Priend Dhysician
		Print/MediaOther Web Site of portified p. Surce is 7
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications?
	D	Word all of your questions answored?
	<b>D</b> .	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
		wy mpo land
	n	Was accreditation of the surgeon important to you? Why important  Was accreditation of the facility important to you? Also way important
	D.	was accreditation of the facility important
	E.	What do you think of our brochure and letters?  They were informative thelpfol in haloi  Did you consider another plastic surgery office?  Yes  No
		They were into maille the sisions
	F.	Did you consider another plastic surgery office?   Yes  No
	•	
		If yes, why did you choose our office rather than the others?
		Best qualifications, very comfortable à best best letter photos
		If no, why did you only consider our office?

l.	NU	URSING STAFF AND SURGERY S	CHE	DULIN	NG		
	A.	In your initial visit to our office, we	re ou	ır nurs	es:		
		- informative?	¥	Yes		No	
		- caring?	₹	Yes		No	
		- professional?		Yes		No	
	В.	,	s mad		prof	essic	nal and unembarassing manner?
	C.	After your surgery was scheduled pre-operative needs?	, did	the an	noun	of c	ontact initiated by the nurses meet your
	D.	Do you feel the nursing staff was	easil	y acce	ssibl	e if yo	ou had a question or concern?
	E.	What do you think about the pre-d	opera	tive pa	acka Co	ge an	d post-op instructions?
	F.	Is there anything the nursing staff			A		
					9	7	. ()*
<i>i</i> .	РΗ	HYSICIAN AND SURGERY		~	7		
	A.	Was your surgeon's surgical treat	ment		Y		
		- knowledgeable?		Yes		No	
		- caring?		Yes		No	
		- thorough?	Á	Yes		No	O'
		- professional?	<u> </u>	Yes		No	
		- patient?		Yes		No	
	B.	Did your pre and post-operative ca	are n	neet yo	our n	eeds'	?
		yes					
	C.	How do you feel about your surgic	al re	sult?	le H	~Q,	results
	D.	Is there anything your surgeon co					
		9					
	FO	OLLOW UP					
	A.	If there were a need for you to have	e pla	astic s	urger	y aga	ain, would you return to our office?
	B.	Do you recommend our office to y	our f	riends	or re	elative	es considering plastic surgery?
	We	e welcome your comments and sug	gesti	ons: ج	)\la Y	721	I wan positive experience, wh
		المالية)	00	حكات	, WO	<u> </u>	color Istatt
		A CONTRACTOR OF THE CONTRACTOR	- THE CO.			-7	
		[					
	No.	ame (optional):			_	[alan	hone #
	ival	ane (optional).				, Gich	HOUC m

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? 🖈 Yes 🗇 No
		- helpful? Yes No
	B.	During your visits to the office, were our receptionists:
		- friendly? ☐ Yes ☐ No
		- responsive? 🛱 Yes 🗖 No
	C.	Did the waiting time seem reasonable to you?  Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Print/Media 9 Physician 7 Physician 9 Other 2 (web Site   crecle whale
		Thirdinada
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes 🗇 No
		- the potential risks and complications?
	R	Were all of your questions answered?
	IJ.	vere all or your questions answered?  A e 5
		9-3
	C.	Was accreditation of the surgeon important to you?
		ues
	D.	Was accreditation of the facility important to you?
		Wes
	E.	What do you think of our brochure and letters?
	<b>1</b>	
		in to-mative
	F.	Did you consider another plastic surgery office? 🗹 Yes 🗖 No
		If yes, why did you choose our office rather than the others?
		availability and liked hacker
		If no, why did you only consider our office?

N	IURSING STAFF AND SURGERY SCHEDULING									
Α	. In your initial visit to our office, were our nurses:									
	- informative? Yes 🗖 No									
	- caring? The same of the same									
	- professional? Yes No									
В										
	yes									
С	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your									
	pre-operative needs?  yes									
D	Do you feel the nursing staff was easily accessible if you had a question or concern?									
	465									
Ε	<u> </u>									
	hel ptrel									
F										
1	. Is there anything the hursing starr could have done to improve your experience:									
	HYSICIAN AND SURGERY									
Α	. Was your surgeon's surgical treatment:									
	- knowledgeable?									
	- caring? ☐ Yes ☐ No									
	- thorough? Yes No									
	- professional? Yes No									
	- patient? Yes No									
В	. Did your pre and post-operative care meet your needs?									
	UP!									
С	How do you feel about your surgical result?									
	happy									
ח	Is there anything your surgeon could have done to improve your experience?									
_										
F	OLLOW UP									
	. If there were a need for you to have plastic surgery again, would you return to our office?									
	LES									
В										
D	Les you recommend our office to your mends of relatives considering plastic surgery?									
۱۸	Ve welcome your comments and suggestions:									
٧١	ve welcome your comments and suggestions.									
_										
<u>.</u> .	and (antiquell)									
iN.	ame (optional):									

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	Α.	In your initial contact by phone, were our receptionists:
		- courteous? X Yes No - helpful? Yes No
	ъ	
	В.	During your visits to the office, were our receptionists: - friendly?
		- responsive? X Yes No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician
		Print/Media Phy Magazine Other
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications? Tyes T No
	B.	Were all of your questions answered? Yes
	C.	Was accreditation of the surgeon important to you? UeS
	U.	was accreditation of the surgeon important to you!
	D.	Was accreditation of the facility important to you? Yes
	E.	What do you think of our brochure and letters? Perfect
	F.	Did you consider another plastic surgery office? Tyes The
		If yes, why did you choose our office rather than the others?
		Friendly staff, everyone was professional and
		If no, why did you only consider our office? Dersonable. Other 2 felt
		·
		cold and stuffy.

III.	NU	IRSING STAFF AND SURGERY SCHEDULING
	Α.	In your initial visit to our office, were our nurses:
		- informative?
		- caring?
		- professional? Yes \( \bar{\text{No}} \) No
	В.	Were your financial arrangements made in a professional and unembarassing manner?
	_	
	C.	After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?
	D.	Do you feel the nursing staff was easily accessible if you had a question or concern?
	D.	
		absolutely
	E.	What do you think about the pre-operative package and post-op instructions?
		perfect
	F.	Is there anything the nursing staff could have done to improve your experience?
		can't think of anything
IV.	РΗ	IYSICIAN AND SURGERY
	A.	Was your surgeon's surgical treatment:
		- knowledgeable?
		- caring?
		- thorough? Yes No
		- professional? Yes No
		- patient? ☐ Yes ☐ No
	В.	Did your pre and post-operative care meet your needs?
		yes
	C.	How do you feel about your surgical result?
		Love it!!
	D.	Is there anything your surgeon could have done to improve your experience?
		can't think of anything
V.	FO	OLLOW UP
••		If there were a need for you to have plastic surgery again, would you return to our office?
		absolutely
	В.	
	Ð.	
./:	10/-	
VI.	VVE	e welcome your comments and suggestions: U Love the fabric robes (Much better than Paper). Love
	V	10W I felt like I was the most important person. Never
	<u>\</u>	had to wait to be seen. Staff so nice and DR no stuffy
	4	pretenting.
	Na	me (optional): Telephone #

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES							
	A.	In your initial contact by phone, were our receptionists: - courteous? Yes No							
		- helpful? Yes 🗖 No							
	В.	During your visits to the office, were our receptionists:							
		- friendly? Yes No							
		- responsive? — Yes  No							
	C.	Did the waiting time seem reasonable to you? Yes  No							
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.							
		Family/FriendPhysician							
		Print/MediaOther							
II.	ТН	E CONSULTATION PROCESS							
	A.	Was your consultation educational and helpful in understanding:							
		- the surgery to be done?							
	_								
	В.	Were all of your questions answered?							
		Every question d concern was answered.							
	C.	Was accreditation of the surgeon important to you?							
		Extremely important It was a major deciding Was accreditation of the facility important to you? factor for me.							
	D.	Was accreditation of the facility important to you? factor for Sme							
	_	Very,							
	E.	What do you think of our brochure and letters?							
	_	Very informative and lasy to read.							
	۲.	Did you consider another plastic surgery office? ☐ Yes ☐ No							
		If yes, why did you choose our office rather than the others?  Ochoose in Machbar due to the level of comfat an interpretable of comfat and interpretable of the level of the							

III.	NURSING STAFF AND SURGERY SCHEDULING
	A. In your initial visit to our office, were our nurses:
	- informative?
	- caring?
	- professional? Yes No
	B. Were your financial arrangements made in a professional and unembarassing manner?
	C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?
	D. Do you feel the nursing staff was easily accessible if you had a question or concern?  WD. D Jove the warping staff. Such
	E. What do you think about the pre-operative package and post-op instructions? that I would be supported by the support of the
	F. Is there anything the nursing staff could have done to improve your experience?
IV.	PHYSICIAN AND SURGERY
	A. Was your surgeon's surgical treatment;
	- knowledgeable? ☐ Yes ☐ No
	- caring? Yes 🗍 No
	- thorough? ☐ Yes ☐ No
	- professional?
	- patient? Yes 🗖 No
	B. Did your pre and post-operative care meet your needs?
	C. How do you feel about your surgical result?
	I cannot even bogen to explain the Satisfaction
	D. Is there anything your surgeon could have done to improve your experience?
V.	FOLLOW UP
	A. If there were a need for you to have plastic surgery again, would you return to our office?
	4 10 question about it!
	B. Do you recommend our office to your friends or relatives considering plastic surgery?
	yeowith Confidense.
VI.	We welcome your comments and suggestions:  1) And the thought to the form of the start of the st
	am you the warman on the outside of always
	an true grater is and know thousand who are
	was the blad or sion -
	Name (optional):  Telephone #_

Dear Patient,

l.		FICE STAFF AND PROCEDURES
	Α.	In your initial contact by phone, were our receptionists:
		- courteous?      Yes     No
		- helpful? Yes No
	B.	During your visits to the office, were our receptionists:
		- friendly?
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you? Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family/FriendPhysician
		Print/Media Tuten Other
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications?
	B.	Were all of your questions answered?
		yes
	C.	Was accreditation of the surgeon important to you?
		4-8
	D.	Was accreditation of the facility important to you?
		G yes
	E.	What do you think of our brochure and letters?
		G000
	F.	Did you consider another plastic surgery office? Yes  No
		If yes, why did you choose our office rather than the others? Com fort Affective
		acrocal+Ation
		If no, why did you only consider our office?

NU	IRSING STAFF AND SURGERY	SCHEDULIN	1G	
A.	In your initial visit to our office,	were our nurs	es:	
	- informative?	∑ Yes		No
	- caring?	Yes		No
	- professional?	Yes		No
B.	Were your financial arrangeme	nts made in a	pro	ofessional and unembarassing manner?
C.	After your surgery was schedul pre-operative needs?	ed, did the am	our	nt of contact initiated by the nurses meet your
				48
D.	Do you feel the nursing staff wa	as easily acce	ssib	ole if you had a question or concern?
Е	Milest de veu thiele elecut the men	ti		9 yes
E.	What do you think about the pr	e-operative pa	ICKE	age and post-op instructions?
				6009
F.	Is there anything the nursing sta	aff could have	dor	ne to improve your experience?
			• (	J. O Ro
PH	YSICIAN AND SURGERY			
A.	Was your surgeon's surgical tre	eatment:		
	- knowledgeable?	∑ Yes		No
	- caring?	∑ Yes		No
	- thorough?	∑ Yes		No
	- professional?	Yes		No
	- patient?	∑ Yes		No
B.	Did your pre and post-operative	care meet vo	air e	peeds? //R
٥.	Did your pro and poor operative	ouro moci yo	uii	iccus: 9 8
C	How do you feel about your sur	nical result?	/、	0- 6-02.
Ο.	Thow do you look about your out	giodi rosait:	)	Gy MAPIG
D	Is there anything your surgeon of	could have do	ne t	o improve vour experience?
	to their diffamily your ourgoon to	sould flave do		o improve your experience:
FΟI	LLOW UP			·
		iave plastic si	ırne	ry again, would you return to our office?
	manor more a mode for you to t	iaro piaodo oc	gc	ny again, would you return to our officer
В.	Do you recommend our office to	your friends	or r	elatives considering plastic surgery?
	. (0)			/
We	welcome your comments and so	uggestions:		
	<u> </u>			
Nan	ne (opti			aphone #

Dear Patient,

l.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? Yes No
		- helpful? Yes No
	B.	During your visits to the office, were our receptionists:
		- friendly? Tyes No
		- responsive? Yes No
	C.	Did the waiting time seem reasonable to you? 💆 Yes 📋 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family/Friend Physician Physician
		Family/FriendPhysician Print/Media Other
_		
1.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding:
	Α.	- the surgery to be done?
		- the potential risks and complications?
	В.	Were all of your questions answered?
		$(\lambda l)$
	C	Was accreditation of the surgeon important to you?
	О.	Vess address and of the surgeon important to year
	ח	Was accreditation of the facility important to you?
		Ch. Althat
	E.	What do you think of our brochure and letters?
		Charles of
	F.	Did you consider another plastic surgery office? Yes No
		The live in the second of the 1st
		If no, why did you only consider our office?
		If yes, why did you choose our office rather than the others?  Why happy with the results of the 1st.  If no, why did you only consider our office?  Surgary

III.	NU	RSING STAFF AND SURGERY	SCHEDULIN	IG	
	A.	In your initial visit to our office, w	ere oµr nurs	es:	
		- informative?	Yes Yes		No
		- caring?	Yes		] No
		- professional?	Yes Yes		] No
	B.	Were your financial arrangemen	ts made in a	prof	ofessional and unembarassing manner?
	C.	After your surgery was schedule pre-operative needs?	d, did the an	oun	int of contact initiated by the nurses meet your
	D.	Do you feel the nursing staff was	easily acce	ssibl	ble if you had a question or concern?
	E.	What do you think about the pre-	operative pa	acka	age and post-op instructions?
	F.	Is there anything the nursing state	f could have	don	one to improve your experience?
		to thoro drifting the harding old	1 00010 1.010		<i>h N</i>
	ъ.,	VOIGIAN AND OUDGEDV	(		$\mathcal{O}$
IV.		YSICIAN AND SURGERY	atmont:	Ų	
	Α.	Was your surgeon's surgical trea	Yes		l No
		<ul><li>knowledgeable?</li><li>caring?</li></ul>	Y Yes		
		- thorough?	Yes		A Y U
		- professional?	Yes		1 No
		- patient?	Yes		1 No
		- patteriti	103		110
	B.	Did your pre and post-operative	care meet vo	our n	needs? , 19
	C.	How do you feel about your surg	ical result?	> ?	X
			M	Da	
	D.	Is there anything your surgeon o	ould have do	one t	to improve your experience?
٧.	FO	LLOW UP			0
	A.	If there were a need for you to ha	ave plastic s	urge	ery again, would you return to our office?
	B.	Do you recommend our office to	your friends	or r	relatives considering plastic surgery
VI.	We	e welcome your comments and su	ggestions:		O
	Na	me (optiona			Telephone #

Dear Patient,

I.		FICE STAFF AND PROCEDURES In your initial contact by phone, were our receptionists:
		- courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes  No - responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? Yes   No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.  Family Friend Physician
		Print/Media Physician Physician Other
**	771.1	E CONSULTATION PROCESS
il.		Was your consultation educational and helpful in understanding:
	Α.	- the surgery to be done?
		- the potential risks and complications?
	В.	Were all of your questions answered?
		we
	C.	Was accreditation of the surgeon important to you?
		yes
	D.	Was accreditation of the facility important to you?
		ys 6
	E.	What do you think of our brochure and letters?
		Voy helpful
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		Resembly tinterat helpful

A.	•	/	-cs.	NI.				
		7/						
	- professional?	Yes Yes		No				
B.	Were your financial arrangem	ents made in a	pro	fessio	nal and unembarassing manner?			
C.	After your surgery was schedon pre-operative needs?	uled, did the an タ)	noun	t of co	ontact initiated by the nurses meet your			
D	Do you feel the nursing staff y	vas easilv acce	ssib	e if vo	ou had a question or concern?			
	(ks)	,		, .				
				5	$(\mathcal{O})$			
E.	What do you think about the p	ore-operative pa	acka	ge an	d post-op instructions?			
F.	Is there anything the nursing	staff could have	dor	e to i	mprove your experience?			
	· <b>~</b> .							
D	V *0							
A.				NI.				
	=		_					
	<del>-</del>		_		7			
	<del>-</del>							
	- professional?	<b>P</b> 7						
	- patient?	₩ Yes		No				
R	Did your pre and post-operation	ve care meet w	aur r	eeds'	2			
	gis		Juli	ccus	•			
C.	How do you feel about your si	urgical result?						
D.		n could have do	one t	o imp	rove your experience?			
		have plastic s	urge	ry aga	ain, would you return to our office?			
B.	B. Do you recommend our office to your friends or relatives considering plastic surgery?							
We	e welcome your comments and	suggestions:						
	<u> </u>							
Na	me (optional):_		_	Telep	phone #			
	A.  B. C. PH A.  B. C. PO A. B. Wei	A. In your initial visit to our office - informative? - caring? - professional?  B. Were your financial arrangem	A. In your initial visit to our office, were our nurse informative? - caring? - professional?  B. Were your financial arrangements made in a year operative needs?  D. Do you feel the nursing staff was easily access.  E. What do you think about the pre-operative parameters.  F. Is there anything the nursing staff could have the pre-operative parameters knowledgeable? - caring? - thorough? - professional? - patient?  B. Did your pre and post-operative care meet you your surgeon could have do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. How do you feel about your surgical result?  E. Do you recommend our office to your friends.  We welcome your comments and suggestions:	- informative? - caring? - professional?  B. Were your financial arrangements made in a profuse.  C. After your surgery was scheduled, did the amoun pre-operative needs?  D. Do you feel the nursing staff was easily accessible.  E. What do you think about the pre-operative packather.  F. Is there anything the nursing staff could have doned to the pre-operative packather.  PHYSICIAN AND SURGERY  A. Was your surgeon's surgical treatment: - knowledgeable? - caring? - thorough? - professional? - patient?  D. Id your pre and post-operative care meet your needs to your surgical result?  D. Is there anything your surgeon could have done to your surgeon could have done to you surgeon could have done to you surgeon your surgeon could have done to you your surgeon your your surgeon your surgeon your surgeon your your your your your your your your	A. In your initial visit to our office, were our nurses: - informative? - caring? - professional?  B. Were your financial arrangements made in a profession of the pre-operative needs?  C. After your surgery was scheduled, did the amount of corpre-operative needs?  D. Do you feel the nursing staff was easily accessible if your surgeon of the pre-operative package and the pre-operative package a			

Dear Patient,

l.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous?
		- helpful?
	R	During your visits to the office, were our receptionists:
	<b>D</b> .	- friendly?
		- responsive?  Tyes  No
	C.	Did the waiting time seem reasonable to you?  Yes  No No waiting!
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family/Friend Physician
		Print/Media Internet Other Yellow of S
II.		E CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding:
		- the surgery to be done?
		- the potential risks and complications? ☐ Yes ☐ No
	B.	Were all of your questions answered?
		before, during + after each visit
	_	Vetre, during + after each visit
	G.	Was accreditation of the surgeon important to you?
		Very important
	D.	Was accreditation of the facility important to you?
		Very important
	E.	What do you think of our brochure and letters? Very helpfil! It was nice to have
		the booklet to refer back to with aucstions or concerns. It
	_	What do you think of our brochure and letters? Very helpful! It was nice to have the booklet to refer back to with questions or concerns. It put my mind at ease more than once I expectations  Did you consider another plastic surgery office? A Yes \(\Box\) No expectations
	۲.	Did you consider another plastic surgery office? Σ Yes  No  Expectations
		If yes, why did you choose our office rather than the others?
		I felt rushed and didn't feel confident the Dr. heard
		What I wanted - he looked at me + had his own plan If no, why did you only consider our office?
		in may any and you only obtained out officer

II.	NU	NURSING STAFF AND SURGERY SCHEDULING	
	A.	A. In your initial visit to our office, were our nurses:	
		- informative?	
		- caring?	
		- professional?	
	B.	B. Were your financial arrangements made in a professional and unembarassing manner? $\sqrt{es}$	
	C.	C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs? Yes I always felt I could call at any fire with any firestion	
	Đ.		
	۵.	Yes - always	
	E.	What do you think about the pre-operative package and post-op instructions?	
		Fantastic, as mentioned in IE.	
	F.		
		Notat all	
٧.	PH	PHYSICIAN AND SURGERY	
	A.	, ,	
		- knowledgeable?	
		- caring?	
		- thorough?	
		- professional?	
		- patient?	
	B.	3. Did your pre and post-operative care meet your needs? Yes. The prep nurse was fantastic - felt relaxed. S C. How do you feel about your surgical result? Spoke well of Dr. Nach!	2
		Fantastic - Felt relaxed.	she
	C.	C. How do you feel about your surgical result? Spoke well of Dr. Nach!	bar
		I like the improvements!	•
	D.	D. Is there anything your surgeon could have done to improve your experience? No	
<b>/</b> .	FO	FOLLOW UP	
	A.	A. If there were a need for you to have plastic surgery again, would you return to our office?	
		Absolutely!	
	B.		e give
		Your Card to a friend + Spea We welcome your comments and suggestions: of Dr. Nachbar + Staff	k wee
/1.	We	We welcome your comments and suggestions: of Dr. Nachbar + Staff	
	Nai	iame (optional):	
		Tolophono II	

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES									
	A.	In your initial contact by phone, were our receptionists:									
		- courteous? X Yes No									
		- helpful? Yes No									
	В.	During your visits to the office, were our receptionists:									
		- friendly?									
		- responsive? Yes No									
	C.	Did the waiting time seem reasonable to you? ☆ Yes □ No									
	D.	What was your source of referral to our practice? If more than one applies, please indicate order									
		of importance.									
		Family/Friend Physician Ph									
		Print/Media Other Inture									
II.	TH	E CONSULTATION PROCESS									
	A.	a. Was your consultation educational and helpful in understanding:									
	- the surgery to be done?   ☑ Yes ☐ No										
		- the potential risks and complications?									
	В.	Were all of your questions answered?									
	us with the second of the seco										
	_	J 11/2									
	C.	. Was accreditation of the surgeon important to you?									
	D.	Was accreditation of the facility important to you?									
	E.	What do you think of our brochure and letters?									
		Grewi									
	F.	Did you consider another plastic surgery office? (Yes									
	If yes, why did you choose our office rather than the others?										
		I felt very comfortable with Dr. Nachbar									
		If no, why did you only consider our office?									

III.	NU	IRSING STAFF AND	SURGERY S	CHEDULIN	lG					
	A.	In your initial visit to	our office, we	re our nurs	es:					
		- informative?		🛛 Yes		No				
		- caring?	•	∭ Yes		No				
		- professional?		Yes		No				
	B.	Were your financial	arrangements	made in a	prot	essior	al and unembarassing manner?    ### The state of the stat			
	C.	After your surgery work-operative needs		did the an	noun	t of co	ntact initiated by the nurses meet your			
	D.	Do you feel the nurs	ing staff was e	easily acce	ssibl	e if yo	u had a question or concern? WW			
	E.	E. What do you think about the pre-operative package and post-op instructions?  Very informative a helpful								
	F.						prove your experience?			
					10		. C) *			
IV.	PH	YSICIAN AND SURG	ERY		1					
	A.	Was your surgeon's	surgical treatr	ment:						
		- knowledgeable?		X Yes		No 🧲	0			
		- caring?		X Yes		No				
		- thorough?		Yes Yes		No				
		- professional?		Yes Yes		No				
	- patient?									
	В.	B. Did your pre and post-operative care meet your needs? US								
	C.	C. How do you feel about your surgical result? VLY NAPPY								
	D.	Is there anything you	ır surgeon cou	uld have do	ne t	o impr	ove your experience? MO			
V.	FO	LLOW UP								
	A.	If there were a need	for you to hav	e plastic s	urge	ry agai	n, would you return to our office? US			
	В.	Do you recommend	our office to y	our friends	or r	elative	s considering plastic surgery? US			
VI.	We	e welcome your comm	ents and sug	gestions:						
		2								
	_					····				
	Na	me (optional):			•	Teleph	one #_			

Dear Patient,

I.		FICE STAFF AND PROCEDURES								
	A.	In your initial contact by phone, were our receptionists:								
		- courteous? X Yes I No								
		- helpful? X Yes I No								
	B.	During your visits to the office, were our receptionists:								
		- friendly?  ▼ Yes □ No								
		- responsive? Yes No								
	C.	Did the waiting time seem reasonable to you? ✓ Yes □ No								
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.								
		Family/FriendPhysician								
		Print/Media Other Comouter								
II.		E CONSULTATION PROCESS								
	A.	Was your consultation educational and helpful in understanding:								
		- the surgery to be done? Yes  No								
		- the potential risks and complications? Yes   No								
	B.	Were all of your questions answered?								
		yes								
	_									
	C.	C. Was accreditation of the surgeon important to you?								
		yes								
	D.	Was accreditation of the facility important to you?								
		yeo								
	E	What do you think of our brochure and letters?								
	<b>L</b> .	Very thoughtful and easy to understand								
	F.	Did you consider another plastic surgery office?								
		If yes, why did you choose our office rather than the others?								
		The years of thinow how and you were the only								
		The years of Almow how and you were the only office I found that did the part baby tune - up.								

Ш.	NU	RSING STAF	F AND SURGERY SO	CHE	DULIN	IG							
	A.	In your initial	visit to our office, wer	e ou	r nurs	es:							
		- informative	?	図	Yes		No						
		- caring?		泫	Yes		No						
		- professiona	al?	Ø	Yes		No						
	B.	Were your fin	nancial arrangements	mad	le in a	prof	ession	al and une	embarass	sing mann	er?		
	C.	After your su pre-operative	rgery was scheduled, e needs?	did t	he an	noun	t of cor	ntact initiat	ed by the	e nurses n	neet your		
	D.	Do you feel t ပၽဝ	he nursing staff was e	easily	acce	ssibl	e if you	had a que	estion or	concern?	1		
	E.		think about the pre-o		tive pa	acka	ge and	post-op in	struction	ıs?			
			hing the nursing staff hey were w			1	e to im	prove you	r experie	ence?			
IV.	PH'	YSICIAN AND	SURGERY										
	A.	Was your sur - knowledgea	rgeon's surgical treatr able?	ment:	Yes		No						
		- caring?		Q	Yes		No						
		- thorough?		X	Yes		No						
		- professiona	al?	风	Yes		No						
		- patient?		X	Yes		No						
	B.	Did your pre	and post-operative ca	are m	eet y	our n	eeds?						
		Jeo											
	C.	How do you t	feel about your surgic still lest sk	al res	sult?	<i>س</i> -	per	son om	tu bi	മ ധ്നാ	terful		
	D.	Is there anytl	hing your surgeon cou	ıld ha	ave do	ne t	o impro	ove your ex	xperienc	e?	-		
٧.	FO	rrom nb nuar man	Lem glader Lifrabrioù ac	<i>0,1</i>	٠٠٠	pla	min	g thin	.cp to	s a ter	The-	info-	he ga
	A.	If there were	a need for you to hav	e pla	istic s	urge	y agai	n, would yo	ou return	to our off	fice?	1	, A
	Ų	les yux	sold Lyecour	عع ر	ор.	从	R AC	aff an	d th	o docto	ro u	sonderf	ful
	В.	Do you recor	and it was mmend our office to y	our fi	riends	or re	elative	consideri	ng plasti	ic surgery	?		
VI.	We		ir comments and sug	gestic		. 1 1		٠	^ -	H = 0	10 - A.	e)mb	_ 1
	Ţ	10 the	otal Beli	wä	1)Q1		unc	The Co.	14)	ane of	COM		ana.
	$\vec{\neg}$	10, 0, 19 md cm	Cassionate t	$\frac{r}{\sigma}$	1	(C)	797	We cal		rolly	C CO	nciente	J)
nce	ملئلسي	//////////////////////////////////////	1 miles	-I.I.\	······	7	-47			0 0			
	Naı	me (optional):					Teleph	one#					

Dear Patient,

l.		In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly?
	C.	Did the waiting time seem reasonable to you? ☐ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.		E CONSULTATION PROCESS
	Α.	Was your consultation educational and helpful in understanding: - the surgery to be done?   ✓ Yes □ No
		- the potential risks and complications? Yes No
	В	
	B.	Were all of your questions answered?  Viv
	C.	Was accreditation of the surgeon important to you? \\ion_\ion_\ion_\ion_\ion_\ion_\ion_\ion
	_	
	D.	Was accreditation of the facility important to you?
	_	NAME of the contribution of any broad letters?
	E.	What do you think of our brochure and letters?
	<b>=</b>	Did you consider another plastic surgery office?   Yes  No
	۳.	
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		Friend referral

III.	NU	RSING STAFF AN	D SURGERY SC	HEDULIN	G							
	A.	In your initial visit t	o our office, were	e our nurse	es:							
		- informative?		Yes		No						
		- caring?		Yes		No						
		- professional?		r Yes		No						
	B.	Were your financia	al arrangements	made in a	prof	essional and	unemba	rassing ma	anner?			
						Yes	$\checkmark$					
	C.	After your surgery pre-operative need		did the am	oun	t of contact in	itiated b	y the nurse	s meet your			
						You						
	D.	Do you feel the nu	ırsing staff was e	asily acces	ssibl	e if you had a	questio	n or concei	rn?			
						Ke						
	E.	What do you think	: about the pre-o <sub>l</sub>	perative pa	acka,	ge and post-o	op instru	ctions?				
					V	en mison	mari	rie.				
	F.	Is there anything t	he nursing staff	could have		14 11		perience?				
		, ,	J			d h						
			20524			W						
IV.		IYSICIAN AND SUF		n a m tr								
	Α.	Was your surgeor	-			No	,					
		- knowledgeable?		Yes Yes		No						
		- caring?		Yes		No						
		- thorough?		☐ Yes		No						
		- professional?		Yes		No						
		- patient?		Yes	Ш	No						
	В.	Did your pre and p	nost-operative ca	ere meet vo	our r	needs?						
	υ.	Did your pie and p	303t operative of	Ver		.0000						
	_	How do you feel a	bout your surgic	$I^-$								
	G.	riow do you leer a	was, Bu	+ Atal	0	Healine	4b					
	n	Is there anything	NOTE STRUCTURE COL	ild have do	ne t	o improve vo	) w exper	ience?				
	D.	is there anything		)(')	); IC (	o improvo jo	и одро.					
V.	FC	DLLOW UP				ar again was	ıld you re	atura to our	office?			
	Α.	If there were a ne		re plastic s V√√	urge	ery again, wou	ila you re	sturri to our	Office :			
	Þ	Do you recomme		<i>t</i>	orr	elatives cons	iderina p	olastic surge	erv?			
	D.	B. Do you recommend our office to your friends or relatives considering plastic surgery?  Kes I have hard 3 you in when you										
VI.	۱۸/	e welcome your cor	mments and sug	nestions:	, 🗸			. 2	•	0		
¥ 1.	**	e welcome your cor	Yacada	1000	t	1						
		9				1						
	_											
	_											
	h1-	amo (antiona				Telephone #						
	INA	ame (optiona			-	i diopriorie m	-					

Dear Patient,

<b>l.</b>	OF A.	FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous?  Yes  No - helpful?  Yes  No
	B.	During your visits to the office, were our receptionists: - friendly?  Yes  No - responsive?  Yes  No
	C.	Did the waiting time seem reasonable to you?   Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other
II.	TH	E CONSULTATION PROCESS
		Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  ✓ Yes ☐ No
	В.	Were all of your questions answered?  yes
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office? Yes No
		If yes, why did you choose our office rather than the others?  I Felt Com Fortable  If no, why did you only consider our office?

III.	NU	URSING STAFF AND SURGERY S	CHEDULI	٧G	
	A.	In your initial visit to our office, we	re our nurs	es:	
		- informative?	☐ Yes		] No
		- caring?	⊄ Yes	П	] No
		- professional?	Yes		] No
	В.	Were your financial arrangements	made in a	ı pro	ofessional and unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did the an	noun	int of contact initiated by the nurses meet your $\bigvee \mathcal{L}$
	D.	Do you feel the nursing staff was e	easily acce	ssibl	ble if you had a question or concern? $\checkmark \mathcal{C}$
	E.	What do you think about the pre-o	perative pa	acka	age and post-op instructions?
	F.	Is there anything the nursing staff	could have	don	one to improve your experience?
					n0
IV.	ΡН	YSICIAN AND SURGERY			
		Was your surgeon's surgical treatr	nent		
	, .,	- knowledgeable?	Yes		l No
		- caring?	Yes		l No
		- thorough?	Yes		No
		- professional?	Yes		No
		- patient?	☑ Yes		I No
	B.	Did your pre and post-operative ca	re meet yo	our n	needs? yeS
	C.	How do you feel about your surgica	al result?	q r	needs? yes  real results  to improve your experience?
	D.	Is there anything your surgeon cou	ld have do	ne to	to improve your experience?
		6)			_
V.		DLLOW UP			
	Α.	If there were a need for you to have	_	urgei	ery again, would you return to our office?
	B.		our_friends	or re	relatives considering plastic surgery?
VI.	We	e welcome your comments and sugg	estions:		
	Nar	me (optional):_		-	Telephone #_

Dear Patient,

		the state of the s
1.		In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? No
	B.	During your visits to the office, were our receptionists:  - friendly?  - responsive?  Yes  No
	C.	Did the waiting time seem reasonable to you? 🕱 Yes 🗖 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend
II.		E CONSULTATION PROCESS  Was your consultation educational and helpful in understanding: - the surgery to be done?  - the potential risks and complications?  Yes □ No
	B.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	What do you think of our brochure and letters?  Very comforting to Relieve these in the mail  Did you consider another plastic surgery office? Xyes \(\begin{array}{c}\) No
		If yes, why did you choose our office rather than the others?  Con Sw(tat) of your Office Versus their proces.  If no, why did you only consider our office?

	NURSING STAFF AND SURGERY SCHEDULING  A. In your initial visit to our office, were our nurses:	$\mathcal{C}_{\mathcal{O}}$
Α.	A. In your initial visit to our office, were our nurses:  - informative?  X Yes  No	
	- caring? A+ XI Yes \( \square\$ No	
	- professional?	
		7
B.	B. Were your financial arrangements made in a professional and unemba	arassing manner?
	ges	
C.	C. After your surgery was scheduled, did the amount of contact initiated b	y the nurses meet your
	pre-operative needs?	
D	D. Do you feel the nursing staff was easily accessible if you had a question	on or concern?
٠.	S. Bo you reer the material was easily deceedable if you have a	
E.	E. What do you think about the pre-operative package and post-op instru	ctions?
	Leve Mandelph very	intor matri
F.		
	N.6	
PH	PHYSICIAN AND SURGERY	
Α.	A. Was your surgeon's surgical treatment:	
	- knowledgeable? Yes No	
	- caring?	
	- thorough? Yes 🗍 No	
	- professional? Yes No	
	- patient? Yes D No	
	patient:	
В.	B. Did your pre and post-operative care meet your needs?	
	Ses	
C.	C. How do you feel about your surgical result?	. 1 ~
	very happy, no vegr	et)
П	D. Is there anything your surgeon could have done to improve your exper	ience?
<b>D</b> .	) O	
_	FOLLOW UP	to an affica O
A.	A. If there were a need for you to have plastic surgery again, would you re	eturn to our onice?
	Ses	
В.	B. Do you recommend our office to your friends or relatives considering p	lastic surgery?
	Je s	
VV	We welcome your comments and suggestions:	
NI-	Name (optional): Telephone #	
140	Traine (optional).	

Dear Patient,

1.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:
		- courteous?  Yes  No - helpful? Yes  No
	B.	During your visits to the office, were our receptionists: - friendly?  Yes  No - responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? 🕱 Yes 🗂 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician
		Print/MediaOther
II.		Was your consultation educational and helpful in understanding:  - the surgery to be done?  - the potential risks and complications?  Yes
	B.	Were all of your questions answered?  Mes.
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	
		If yes, why did you choose our office rather than the others?  On Marhtan was very professional onewer all my questions and help me feel confident about the whole procedure.  If no, why did you only consider our office?

III.	NU	RSING STAFF AND SURGERY SO	CHE	DULIN	G		
	A.	In your initial visit to our office, wer	e ou	ır nurse	es:		
		- informative?	K)	Yes		No	
		- caring?	Z	Yes		No	
		- professional?	Ă	Yes		No	
	B.	Were your financial arrangements	mad	de in a	prof	fessional an	d unembarassing manner?
	C.	After your surgery was scheduled, pre-operative needs?	did ·	the am	oun	t of contact	initiated by the nurses meet your
		O					
	D.	Do you feel the nursing staff was a	easily	y acces	ssibl	e if you had	a question or concern?
	Ε.	What do you think about the pre-o	•	•		ge and post	-op instructions?
		very th	0 1	ous	jh	1	
	F.	Is there anything the nursing staff	coul	d have	don	e to improv	e your experience?
					0	7	
iV.		YSICIAN AND SURGERY	4				
	Α.	Was your surgeon's surgical treatr					
		- knowledgeable?		Yes		No	
		- caring?	Z	Yes		No	
		- thorough?		Yes		No	
		- professional?	N	Yes		No	
		- patient?		Yes		No	
	В.	Did your pre and post-operative ca	re n	neet vo	ur n	eeds?	
		Ves					
	C.	How do you feel about your surgication	al re	sult?			
		I feel ple					
	D.	Is there anything your surgeon cou	ıld h	ave do	ne te	o improve y	our experience?
		6					
V.	FO	LLOW UP					
	A.	If there were a need for you to have $y \in S$	e pla	astic su	ırge	ry again, wo	ould you return to our office?
	B.	Do you recommend our office to your P.S.	our f	riends	or re	elatives con	sidering plastic surgery?
VI.	We	welcome your comments and sugg	jesti	ons:			
					_		
	Naı	me (optional):_				Telephone :	#

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists:
		- courteous? 🙎 Yes 🔳 No
		- helpfui? X Yes T No
	В.	During your visits to the office, were our receptionists:
		- friendly? 🙎 Yes 🗍 No
		- responsive? 🔀 Yes 🗂 No
	C.	Did the waiting time seem reasonable to you? 🙎 Yes 📋 No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend a family friend Physician
		Print/MediaOther
II.	тн	E CONSULTATION PROCESS
11.		Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications? Yes 🗖 No
	В.	Were all of your questions answered?
		Yes
	C.	Was accreditation of the surgeon important to you?
		YES
	D.	Was accreditation of the facility important to you?
		yes Co. S.
	E.	What do you think of our brochure and letters?
		very helpful
	F.	man of Man St Man
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		Because the landy that referred the spoke very
		highly of your office and staff.

III.	NU	URSING STAFF AND SURGERY SCHEDU	LING			
	A.	In your initial visit to our office, were our ni				
		- informative?			No No	
		- caring? Ye - professional? Ye		_	No No	
		- professional:	3 <u>L</u>	J	140	
	В.	Were your financial arrangements made in yes	a pro	ofe	essiona	al and unembarassing manner?
	C.	After your surgery was scheduled, did the pre-operative needs?	amou	ınt	of con	tact initiated by the nurses meet your
		YeS				
	D.	. Do you feel the nursing staff was easily ac	cessil	ble	if you	had a question or concern?
		yes				
	E.	What do you think about the pre-operative	pack	ag	e and	post-op instructions?
		very informative and lasy	नंगर	Ç.	ollove	
	F.	Is there anything the nursing staff could ha	ive do	ne	to im	prove your experience?
		No everyone was really three o	aid		a.jofu	
IV.	PH	HYSICIAN AND SURGERY	1			
	A.	Was your surgeon's surgical treatment:	Ų			
		- knowledgeable?	s 🗆		No	
		- caring?			No	
		- thorough?			No No	
		- patient?			No	
		potient.				
	B.	Did your pre and post-operative care meet	your	ne	eds?	
	C	How do you feel about your surgical result	2			
	-	) jove iritary				
	D.	Is there anything your surgeon could have	done	to	impro	ve your experience?
		No				
٧.	FO	DLLOW UP				
	A.	If there were a need for you to have plastic	surge	ery	again	, would you return to our office?
		yes				
	B.	Do you recommend our office to your frien	ds or	rel	atives	considering plastic surgery?
		yes .				
VI.		e welcome your comments and suggestions		1	a z-1	um to a few acoast who
	,v^\	VANT TO RESULT COSMODIC STORE	u .	<u> </u>	love.	THE LOST DANS MORE
		<u>osmolic Sugarny Como (il det).</u> 20. ali veni muchi	mitel	4	he.	coming to see you. Thank
	y y	Chi that is traditional	********			
	Nar	ame (optional):_	_	Т	elepho	one #

Dear Patient,

l.	OF	FICE STAFF AND PROCEDURES
	A.	In your initial contact by phone, were our receptionists: - courteous?  Yes  No
		- helpful? Yes No
	B.	During your visits to the office, were our receptionists:
		- friendly?
	C.	Did the waiting time seem reasonable to you? Yes  No
	IJ.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.
		Family/Friend Physician Physician
		Print/MediaOther_Iworked with Dr. Nachbasat 45 Surg. Cts.
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No - the notential risks and complications? Yes No
	B.	Were all of your questions answered?
		yes
	C.	Was accreditation of the surgeon important to you?
		ges
	D.	Was accreditation of the facility important to you?
		S
	E.	What do you think of our brochure and letters?
		great
	F.	Did you consider another plastic surgery office?   Yes  No
		If yes, why did you choose our office rather than the others?
		If no, why did you only consider our office?
		If no, why did you only consider our office? Dr. Machbar's reputation and expertise

Νl	URSING STAFF AND SURGE	RY SCHEDULIN	IG			
A.	In your initial visit to our offic	e, were our nurs	es:			
	- informative?	Æj Yes		No		1
	- caring?	XX, Yes		No		)
	- professional?	Yes Yes		No		
B.	Were your financial arranger		prot		nd unembarassin	g manner?
C.	After your surgery was schee	/1	_		: initiated by the n	iurses meet your
	pre-operative needs?		jeo		72	
D.	. Do you feel the nursing staff	was easily acce	<i>ı</i> ssibl	e if you ha	d a question or co	oncern?
	,	-	Ujl	_		
E.	What do you think about the	pre-operative pa	acka	ge and pos	t-op instructions?	}
	·	U	er	4 900	d	
F.	Is there anything the nursing	staff could have	dor	e to impro	ve your experienc	æ?
	, , ,		0	N	0	
PI	HYSICIAN AND SURGERY	<b>.</b> C				
Α.		treatment:			3	
	- knowledgeable?	Yes		No Co		
	- caring?	Yes		No		
	- thorough?	🗖 Yes		No		
	- professional?	Y Yes		No		
	- professional?	Yes	T	No		
	- patient:	<b>X</b> 100	النسا	1,10		
В.	Did your pre and post-opera	tive care meet yo	our r	eeds?		
				yes		
C	. How do you feel about your	surgical result?		good o improve		
		Ver	y C	jood		
D	. Is there anything your surge	on could have do	one t	o improve	your experience?	
	60			$\mathcal{N}0$		
F	OLLOW UP			Ť		
Α	. If there were a need for you	to have plastic s	urge	ry again, w	ould you return to	our office?
		a	دول	olutel	45	
В	. Do you recommend our offic	e to your friends	or r	elatives co	nsidering plastic	surgery?
				ye	9	
W	e welcome your comments an	d suggestions:		0		
_						
_						
N	ame (optional):_		_	Telephone	#	_

Dear Patient,

I.		FICE STAFF AND PROCEDURES							
	Α.	In your initial contact by phone, were our receptionists:							
		- courteous? Yes No							
		- helpful?							
	В.	During your visits to the office, were our receptionists:							
	Ο.	- friendly?							
		- responsive? Yes No							
		- responsive: M res [] res							
	C.	Did the waiting time seem reasonable to you? Yes   No							
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.							
		Family/FriendPhysician							
		Print/Media Other Thter net							
II.	THI	THE CONSULTATION PROCESS							
	A.	Was your consultation educational and helpful in understanding:							
		- the surgery to be done?							
		- the potential risks and complications?							
	B. Were all of your questions answered?								
		YES							
	C.	C. Was accreditation of the surgeon important to you?							
		YES, YERY							
	D.	Was accreditation of the facility important to you?							
		YES							
	_								
	<b>L</b> .	What do you think of our brochure and letters?							
		Perfect.							
	F.	Did you consider another plastic surgery office? 🗍 Yes 🗹 No							
		If yes, why did you choose our office rather than the others?							
		If yes, willy did you onloose our office reduct than the outlets.							
		~'0'							
		If no, why did you only consider our office?							
		Remove The DR. give me confidence.							

III.	NURSING STAFF AND SURGERY SCHEDULING									
	A.	In your initial visit to our office, wer	e our nurs	es:						
		- informative?	☑ Yes		No					
		- caring?	[7] Yes		No					
		- professional?	Yes Yes		No					
	В.	Were your financial arrangements $N0$	made in a	prot	essiona	l and unembarassing manner?				
	C.	After your surgery was scheduled, pre-operative needs?	did the an	noun	t of con	act initiated by the nurses meet your				
	D.	Do you feel the nursing staff was e	easily acce	ssibl	e if you	had a question or concern?				
	E.	What do you think about the pre-o	_							
	F.	Is there anything the nursing staff				prove your experience?				
	•	To alore drifting the hareing own	Journa Have			No .				
IV.	PH	YSICIAN AND SURGERY				0				
	A.	Was your surgeon's surgical treatr	nent:							
		- knowledgeable?	TT/ Yes		No					
		- caring?	☐ Yes		No					
		- thorough?	7 Yes		No					
		- professional?	Yes		No					
		- patient?	77 Yes		No					
	B.	Did your pre and post-operative ca	are meet y	our n	eeds?					
		How do you feel about your surgice Very good and	satist	î ea	/!					
	D.	Is there anything your surgeon cou	ıld have do	one t	o impro	ve your experience? NO ·				
V.		LLOW UP				would you waterm to our office?				
	A.	If there were a need for you to have plastic surgery again, would you return to our office?								
	B.	Do you recommend our office to your friends or relatives considering plastic surgery?								
VI.	We	welcome your comments and sugg	gestions:							
	_									
	Na	me (optional):			Telepho	one #_				

Dear Patient,

I.	OF	FICE STAFF AND PROCEDURES
	A.	
		- courteous? Yes 🗖 No
		- helpful? Yes D No
	В.	During your visits to the office, were our receptionists:
		- friendly? Yes No
		- responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? Yes No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order
		of importance.
		Family/Friend Physician
		Print/Media \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
11	<b>T</b>	E CONCULTATION PROCESS
II.		E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding:
		- the surgery to be done? Yes No
		- the potential risks and complications? Yes  No
	B.	Were all of your questions answered?
		VES
	_	Was accreditation of the surgeon important to you?
	Ο.	Move of the original and the surgest important to you?
	_	Very Infortant
	D.	Was accreditation of the facility important to you?
		YES
	E.	What do you think of our brochure and letters?
		Very Intermative, Altractive.
	F.	Did you consider another plastic surgery office? ☑ Yes ☐ No
		If yes, why did you choose our office rather than the others?  I felt at last and comfortable right from the start. Dr.  If no, why did you only consider our office? I what I was looking for in a Doctor
		I felt at lase and comfortable right from the start or
		I AND CHOOK AND SHORT OF THE LAND OF THE L
		into, why did you only consider our onice: I would be with a body
		<i>)</i>

informed from DAY one DIN	
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- patient?  B. Did your pre and post-operative care meet your needs?  C. How do you feel about your surgical result?  D. Is there anything your surgeon could have done to improve you.  V. FOLLOW UP  A. If there were a need for you to have plastic surgery again, where the plant is a property of the pro	
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V. FOLLOW UP  A. If there were a need for you to have plastic surgery again, we will also a plant of the plan	vour experience?
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VES AND PLAN to DO SO Early  B. Do you recommend our office to your friends or relatives con  VI. We welcome your comments and suggestions:  2 AM Thilly With Mindly to 1  2 AM Charle W Charlent Pr. Nach  Allermed Lam Dale Mindly A.	yould you return to our office?
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- Signif of moother from.	achbord his staff made my
	prior to potop. Attit
Name (optional): Telephone	» #_

Dear Patient,

l.		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists:  - courteous? ☑ Yes ☐ No  - helpful? ☑ Yes ☐ No
	B.	During your visits to the office, were our receptionists: - friendly?
-	C.	Did the waiting time seem reasonable to you? ☑ Yes ☐ No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician Other Other
II.	THI	E CONSULTATION PROCESS
•••		Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  ✓ Yes ☐ No
	B.	Were all of your questions answered? (10)
	C.	Was accreditation of the surgeon important to you? பூட்
	D.	Was accreditation of the facility important to you? yeb
		What do you think of our brochure and letters? great information
	F.	Did you consider another plastic surgery office? 🗖 Yes 🕱 No
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?
		Twas outram by aleased with my first success and
		I was extremly pleased with my first surgery and who would not trust another obefor.

II.	NU	NURSING STAFF AND SURGERY SCHEDULING	3	
	A.	<ul> <li>A. In your initial visit to our office, were our nurses</li> </ul>	s:	
		- informative?	□ 1	No
		- caring? Yes	_	4o
		- professional? Yes		No.
	B.	B. Were your financial arrangements made in a p	orofes	ssional and unembarassing manner? \\
	C.	C. After your surgery was scheduled, did the amo pre-operative needs?	ount o	of contact initiated by the nurses meet your
	D.	•		
	E.	E. What do you think about the pre-operative pac	ckage	e and post-op instructions? Very good defaul
	F.	F. Is there anything the nursing staff could have o	done	to improve your experience? 11/0/44/14 of 14/05
		(	0	Very good.
V.		PHYSICIAN AND SURGERY		
	A.	Was your surgeon's surgical treatment:		
			_	No
		- caring? Yes		Vo.
		- thorough?		No
		- professional? Yes		No.
		- patient?		No
	В.	B. Did your pre and post-operative care meet you	ır ned	eds? Wh
	υ.	B. Bid your pre and post-operative care meet you	110	Sub.
	_	C. How do you feel about your surgical result?	100	- Meason
	O.	C. How do you feel about your surgical result? V	146.1°	& Production
	D.	D. Is there anything your surgeon could have don	ne to	improve your experience? M, it was better
		5		than expected.
<b>/</b> .	FO	FOLLOW UP		
	A.	A. If there were a need for you to have plastic sur	rgery	again, would you return to our office? when lot ely
	B.	B. Do you recommend our office to your friends of	or rela	atives considering plastic surgery?
VI.	We	We welcome your comments and suggestions:	4h o	(esults of my surgery and)
			1	staff members/
		The courtesy of all the	<i>'</i>	STICE STICKED
	Na	Name (optional):	To	elephone #

Dear Patient,

I.	OF A.	In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes  No - responsive? Yes  No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other
II.	TH	E CONSULTATION PROCESS
	A.	Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  Yes □ No
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?
	F.	Did you consider another plastic surgery office?   Yes XNo
		If yes, why did you choose our office rather than the others?  If no, why did you only consider our office?  A Jew Friends & January  had been there and said  wonderful thing. I had no
		reason to LOOK elsewhere

<b>III.</b>	NU	NURSING STAFF AND SURGERY SCHEDULING	
	A.	A. In your initial visit to our office, were our nurses:	
		- informative?	
		- caring? Yes 🔲 No	
		- professional? Yes 🗇 No	
	В.	B. Were your financial arrangements made in a professional and unembarassing manner?	•
	_	C. After your surgery was scheduled, did the amount of contact initiated by the nurses mee	et vour
	G.	pre-operative needs?	
	D.	D. Do you feel the nursing staff was easily accessible if you had a question or concern?	
		yes	
	E.		
		helpful.	
	F.	F. Is there anything the nursing staff could have done to improve your experience?	
		nothing.	
IV.	PH	PHYSICIAN AND SURGERY	
	A.	A. Was your surgeon's surgical treatment:	
		- knowledgeable?	
		- caring?	
		- thorough? Yes No	
		- professional? Yes No	
		- patient? Yes D No	
	B.	B. Did your pre and post-operative care meet your needs?	
	D.	UVO.	
	_	C. How do you feel about your surgical result?	
	U.	Love tham.	
	n	D. Is there anything your surgeon could have done to improve your experience?	
	D.	D. Is there anything your surgest occur have done to improve your	
٧.	EC	FOLLOW UP	
٧.		A. If there were a need for you to have plastic surgery again, would you return to our office	<del>)</del> ?
		ires for sure.	
	B	B. Do you recommend our office to your friends or relatives considering plastic surgery?	
	υ.	yls, already have	
VI.	W	We welcome your comments and suggestions:	
	_	Thank you for doing buch and	
		change 30 de desed clam of	happy
	_	and can't thank you enough es	' ' 0
	Na	Name (optional): Telephone #	

Dear Patient,

•		FICE STAFF AND PROCEDURES  In your initial contact by phone, were our receptionists: - courteous? Yes No - helpful? Yes No
	B.	During your visits to the office, were our receptionists: - friendly? Yes No - responsive? No
	C.	Did the waiting time seem reasonable to you? Yes  No
	D.	What was your source of referral to our practice? If more than one applies, please indicate order of importance.  Family/Friend Physician  Other intercet
L	ТН	E CONSULTATION PROCESS
		Was your consultation educational and helpful in understanding: - the surgery to be done? - the potential risks and complications?  ✓ Yes ☐ No
	В.	Were all of your questions answered?
	C.	Was accreditation of the surgeon important to you?
	D.	Was accreditation of the facility important to you?
	E.	What do you think of our brochure and letters?  Very informative
	F.	Did you consider another plastic surgery office? \( \textstyle \te
		If yes, why did you choose our office rather than the others? I liked how confident & who restording the Staff was, they are the ones who made we chose the office If no, why did you only consider our office?

NURSING STAFF AND SURGERY SCHEDULING									
A.	In your initial visit to our office	e, were our nurs	es:						
	- informative?	<b>™</b> Yes		No					
	- caring?	☑ Yes		No					
	- professional?	<b>☑</b> Yes		No					
В.	Were your financial arrangen	nents made in a	prof	essional and	unembarassing manner?				
C.	After your surgery was sched pre-operative needs?	uled, did the an	noun	t of contact in	itiated by the nurses meet your				
	•				/				
D.	Do you feel the nursing staff yes - loved the		ssibl	e if you had a	question or concern?				
E.	What do you think about the Very_ Useful	pre-operative pa	acka	ge and post-o	p instructions?				
F.	Is there anything the nursing	staff could have	don	e to improve y	your experience?				
PH'	YSICIAN AND SURGERY			X					
A.	Was your surgeon's surgical - knowledgeable? - caring?	treatment:  Yes  Yes		No No					
	- thorough? - professional?	Yes Yes		No No					
	- patient?	<b>∏</b> Yes		No					
_	5.1			•					
B.	Did your pre and post-operati	ve care meet yo	our n	eeas?					
C.	How do you feel about your s								
D.	Is there anything your surgeo								
	Given me a	φυυ	(	177 (J	TITT COME.				
	LLOW UP			_					
A.	If there were a need for you to Yes	o have plastic s	urger	y again, would	d you return to our office?				
	Do you recommend our office to your friends or relatives considering plastic surgery?								
We	welcome your comments and	suggestions:							
			•						
	<u> </u>								
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