

Thank you for taking the time to complete the following questionnaire.
Please circle, check, or fill in your responses.

Please return in the enclosed self-addressed, stamped envelope.

What procedure(s) did you have performed during your most recent surgery?

tummy tuck

How would you rate your final result(s)? Excellent 10 9..... (8).....7654321 Poor

Would you recommend our practice to your friends or family? (Yes) No Uncertain

What did you especially like about the way you were treated in your most recent surgery with us?

Family, friendly Atmosphere

Is there anything that you did not like?

The handling of my financial (Care Credit)-understood that I would have a lower interest rate on card. Called several time requesting someone to help, but got little response

Do you have any suggestions for improvement?

Why did you select our office for your surgery?

Liked website, only Dr. that responded to my request to be contacted for consult

Would you return to this office if you decide to have additional surgery? (Yes) No Uncertain

Which of the following factors influenced you to choose Dr. Nichols?
(check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Reputation of doctor | <input type="checkbox"/> Phone book ad | <input type="checkbox"/> Recommendation by friend or family |
| <input type="checkbox"/> Technology used | <input type="checkbox"/> News article/show | <input type="checkbox"/> Recommendation by salon staff |
| <input type="checkbox"/> Procedures offered | <input type="checkbox"/> Print ad in: _____ | <input type="checkbox"/> Cost of surgery |
| <input checked="" type="checkbox"/> Internet web page | <input type="checkbox"/> Seminar appearance | <input checked="" type="checkbox"/> Financing options |
| <input type="checkbox"/> Physician referral | <input type="checkbox"/> Hospital referral | <input checked="" type="checkbox"/> Friendly staff |
| <input checked="" type="checkbox"/> Location of office | | <input type="checkbox"/> Other: _____ |

Were your telephone calls to our office handled to your satisfaction?

(Yes) No Comments:

Were you satisfied with the way your surgery was scheduled?

Yes

No

Comments:

Were you satisfied with the way you were treated by the office staff?

Yes

No

Comments:

Were you satisfied with the way you were treated by Dr. Nichols during your consultation?

Yes

No

Comments:

How well do you agree with the following statements? (If any item does not apply, leave blank)

- The office is attractive and comfortable. Strongly Agree Agree Neutral Disagree
- The amount of time that I had to wait to get a consultation with Dr. Nichols was reasonable. Strongly Agree Agree Neutral Disagree
- I was satisfied with the information and surgical description provided by Dr. Nichols and staff. Strongly Agree Agree Neutral Disagree
- The office staff was attentive to my needs. Strongly Agree Agree Neutral Disagree
- The written materials that I received prior to surgery satisfied my needs. Strongly Agree Agree Neutral Disagree
- I was satisfied with the way I was prepared for surgery. Strongly Agree Agree Neutral Disagree
- I was satisfied with the care that I received the morning of surgery. Strongly Agree Agree Neutral Disagree
- I was satisfied with where I had my surgery. Strongly Agree Agree Neutral Disagree
- I was satisfied with my follow-up care. Strongly Agree Agree Neutral Disagree
- The fees for surgery were reasonable. Strongly Agree Agree Neutral Disagree

Additional Comments:

Thank you for taking the time to complete this questionnaire.

May we share your comments anonymously with prospective patients? Yes No

Would you like someone to call you regarding any of your responses? Yes No