

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 appointment?

*Peel*

How would you rate your final result(s)? Excellent 10 .... 9..... 8.....7 .....6 .....5 .....4 .....3 .....2 .....1 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 injectable/spa appointment with us?

*Amy & Rebecca are great. Very professional  
But easy to talk with about treatments!*

Is there anything that you did not like? *No*

Do you have any suggestions for improvement? *No*

Why did you select our office for your injectable/spa services?

*Dr Nichols previously removed an enlarged  
vein in my forehead.*

Would you return to this office if you decide to have additional injectable/spa services?  Yes  No  Uncertain

Which of the following factors influenced you to choose Pearl Plastic Surgery?  
(check all that apply)

- Reputation of doctor
- Technology used
- Procedures offered
- Internet web page
- Physician referral *1st*
- Location of office
- Phone book ad
- News article/show
- Print ad in: \_\_\_\_\_
- Seminar appearance
- Hospital referral
- Recommendation by friend or family
- Recommendation by salon staff
- Cost of surgery
- Financing options
- Friendly staff
- Other: *Previous Surgery*

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

Yes  No Comments:

Were you satisfied with the way your appointment 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. ....   | <input checked="" type="radio"/> Strongly Agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> Disagree |
| The amount of time that I had to wait to get a consultation was reasonable. ....       | <input checked="" type="radio"/> Strongly Agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> Disagree |
| I was satisfied with the information provided to me at my consult. ....                | <input checked="" type="radio"/> Strongly Agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> Disagree |
| The office staff was attentive to my needs. ....                                       | <input checked="" type="radio"/> Strongly Agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> Disagree |
| The written materials that I received prior to my appointment satisfied my needs. .... | <input checked="" type="radio"/> Strongly Agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> Disagree |
| I was satisfied with my treatment throughout my appointment. ....                      | <input checked="" type="radio"/> Strongly Agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> Disagree |
| I was satisfied with my follow-up care. ....   | <input checked="" type="radio"/> Strongly Agree | <input type="radio"/> Agree | <input type="radio"/> Neutral | <input type="radio"/> 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

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corbase.com/blog/chrisnichols/