

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

Return it in the enclosed self-addressed, stamped envelope.

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

Neck Lift

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? Yes AND I HAVE No Uncertain

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

Honesty, Appointments Always on Time, Doctor didn't rush & explained thoroughly procedure & recovery, Treated me as an individual with special anesthetic needs, Several follow-ups,

Is there anything that you did not like? Called night of the surgery (post), office staff kind & caring

Do you have any suggestions for improvement?

no

Why did you select our office for your surgery?

Recommendations from Dr. & D

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. Gerlach? (check all that apply)

- Reputation of doctor, Board certification, Training, Technology used, Procedures offered, Internet web page, Location of office, Phone book ad, News article/show, Print ad in, Seminar appearance, Hospital referral, Physician referral, Recommendation by friend or family, Recommendation by salon staff, Cost of surgery, Financing options, Friendly staff, 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:

Special Attention given to my desire to have surgery on my birthday

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

Yes

No

Comments:

Very Satisfied - They Always remembered me on sight

Were you satisfied with the way you were treated by Dr. Gerlach 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. Gerlach was reasonable. Strongly Agree Agree Neutral Disagree

I was satisfied with the information and surgical description provided by Dr. Gerlach. 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

Do not have means of comparison