

PATIENT SATISFACTION QUESTIONNAIRE

Today's Date: 6/28/2021

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!

Standard breast augmentation, and ultrasonic liposuction of hips & abdomen.

I. OFFICE STAFF AND PROCEDURES

A. In your initial contact by phone, were our receptionists:

- courteous? [X] Yes [ ] No
- helpful? [X] Yes [ ] No

B. During your visits to the office, were our receptionists:

- friendly? [X] Yes [ ] No
- responsive? [X] Yes [ ] No

C. Did the waiting time seem reasonable to you? [X] 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 \_\_\_\_\_

II. THE CONSULTATION PROCESS

A. Was your consultation educational and helpful in understanding:

- the surgery to be done? [X] Yes [ ] No
- the potential risks and complications? [X] Yes [ ] No

B. Were all of your questions answered? [X] Yes

C. Was accreditation of the surgeon important to you? YES extremely

D. Was accreditation of the facility important to you? YES

E. What do you think of our brochure and letters? professional & informative

F. Did you consider another plastic surgery office? [X] Yes [ ] No

If yes, why did you choose our office rather than the others?

Had 2 prior consults w/ different PS - FELT most comfortable with Dr. Rossi
If no, why did you only consider our office?

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## III. NURSING STAFF AND SURGERY SCHEDULING

A. In your initial visit to our office, were our nurses:

- informative?  Yes  No
- caring?  Yes  No
- professional?  Yes  No

B. Were your financial arrangements made in a professional and unembarassing manner?

YES

C. After your surgery was scheduled, did the amount of contact initiated by the nurses meet your pre-operative needs?

YES - The Trails Edge Surgery Center mailed out information on surgery preparation and pre-op preparation. The office of Dr. Pryst also guided me through each stage.

D. Do you feel the nursing staff was easily accessible if you had a question or concern?

YES - always responsive to my calls & emails

E. What do you think about the pre-operative package and post-op instructions?

Excellent and very thorough.

F. Is there anything the nursing staff could have done to improve your experience?

All highly professional & dedicated

## IV. PHYSICIAN AND SURGERY

A. Was your surgeon's surgical treatment:

- knowledgeable?  Yes  No
- caring?  Yes  No
- thorough?  Yes  No
- professional?  Yes  No
- patient?  Yes  No

B. Did your pre and post-operative care meet your needs?

YES especially post-op care. Had trouble with one wound incision and Dr. Pryst took the time and care to see me weekly 1bi/weekly until it healed.

C. How do you feel about your surgical result?

Very happy with BA. & lipo although still some lumpiness in

D. Is there anything your surgeon could have done to improve your experience?

my abdomen  
No

## V. FOLLOW UP

A. If there were a need for you to have plastic surgery again, would you return to our office?

YES

B. Do you recommend our office to your friends or relatives considering plastic surgery?

YES

VI. We welcome your comments and suggestions:

Dr. Pryst is a highly competent PS and has a warm, kind and professional demeanor. I am very happy with my results! His staff are all wonderful and I always felt relaxed and at ease in his office. Attention to detail before & after surgery is top notch!

Name (optional): \_\_\_\_\_

Telephone # \_\_\_\_\_