



M.Azhar Ali, MD FACS
Âmae Plastic and Reconstructive Surgery
Patient Satisfaction Survey

Thank you for choosing Âmae Plastic Surgery for your procedure. In an effort to provide the very best care to our patients and their families, we would appreciate it if you would spend a few minutes of your time completing this questionnaire. Thank you again for your comments.

	Excellent	Very Good	Good	Fair	Poor
Registration					
Overall quality of your experience with registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of time waiting in lobby	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort and cleanliness of lobby area and exam rooms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office Staff					
Kind and caring attitude of staff who registered you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information given to you and your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff accessibility by phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor					
How did you feel about your consultation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kindness and caring attitude of the doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear and complete explanations provided to you and your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your pain management level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow Up					
Clear and complete instructions for your care at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear and complete instructions for pain management at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow up appointments scheduled promptly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall					
Amount of dignity and respect shown to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall quality of care and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How would you recommend Âmae Plastic Surgery to your family and friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Where did you hear about us? _____

How do you feel about the surgical results of your procedure? _____

What did we do well? _____

What could we do better? _____

Your first name _____ Date of Procedure _____

We know you have many choices. Thank you for choosing us.