

Plastic Surgery Associates, P.C.

Csaba L. Magassy, M.D.
1300 Chain Bridge Road
McLean, VA 22101

Dear Patient,

Thank you for choosing our practice for your surgical needs. Providing quality care and client satisfaction is of paramount importance to us. To accomplish this, we would like your opinion of your experience at Plastic Surgery Associates, P.C. Please kindly take a moment to complete our survey. If there is ever an issue of dissatisfaction, please contact the Practice Administrator as soon as possible. We value your opinion and care about your needs.

During your office visits, did you receive satisfactory answers to your inquiries and concerns as well as a clear understanding of the procedure?	YES	NO	In No Please Explain: _____ _____
Was the amount of information given by the practice adequate?	YES	NO	In No Please Explain: _____ _____
Did you feel your surgeon understood your expectations of plastic surgery?	YES	NO	In No Please Explain: _____ _____
Were the fees clearly explained to you?	YES	NO	In No Please Explain: _____ _____
Were you satisfied with the medical and surgical treatment you received from our practice?	YES	NO	In No Please Explain: _____ _____
Did you like the availability of the cosmetic products in our office?	YES	NO	In No Please Explain: _____ _____
Would you recommend our practice to friends and family?	YES	NO	In No Please Explain: _____ _____
How Satisfied are you with the results?	Rate your Satisfaction 1-5: <i>5 Being Very Satisfied and 1 Being Completely Dissatisfied</i> 1 2 3 4 5		
Do you have any additional comments/concerns that may help us improve our services and patient experiences or any additional positive feedback?	Please Comment: _____ _____ _____		

Thank You again for your time and feedback.

Patient Name

Date