

**Patient Surgery Associates, P.C.**  
**1300 Chain Bridge Road**  
**McLean, VA 22101**  
**(703) 790-5454**

Patient Satisfaction Survey – Post Surgery

Dear Patient:

Thank you for choosing our practice for your surgery. Providing quality care to our patients is of paramount importance to our practice. To accomplish this, we would like your input. Would you kindly take a moment to complete our survey.

- 1) During your office visit(s), did you receive satisfactory answers to your inquiries and concerns as well as a clear understanding of the procedure?  
 Yes  No If No, please explain. \_\_\_\_\_
  
- 2) Was the amount of information given by the practice adequate?  
 Yes  No If No, please explain. \_\_\_\_\_
  
- 3) Did you feel the surgeon understood your expectations from plastic surgery?  
 Yes  No
  
- 4) Were the fees clearly explained to you?  
 Yes  No
  
- 5) Were you satisfied with the medical and surgical treatment you received from our practice?  
 Yes  No If No, please explain. \_\_\_\_\_
  
- 6) How satisfied were you with the results?  
 Yes  No If No, please explain. \_\_\_\_\_
  
- 7) Did you like the availability of cosmetic products in our office?  
 Yes  No
  
- 8) Would you recommend our practice to your friends and family?  
 Yes  No If No, please explain. \_\_\_\_\_
  
- 9) Do you have any comments or suggestions to help us improve our services and patient experience?  
\_\_\_\_\_

Please feel free to call us regarding this survey. Thank you, once again, for your time and feedback.

