

Dr. Sam Rizk Patient's Satisfaction Survey

1. What was the main reason you selected our office?

- | | |
|--|---|
| <input type="checkbox"/> Recommended by a friend or relative | <input type="checkbox"/> TV |
| <input type="checkbox"/> Recommended by another doctor | <input type="checkbox"/> Website |
| <input type="checkbox"/> The doctor was conveniently located | <input checked="" type="checkbox"/> Other |

*Have used before
Robie Palmer*

2. Thinking about your visit to this office, how would you rate it overall? (Circle choice that seems best)
 Poor Fair Excellent Not applicable

Regarding the quality of service you received during your visit, please rate each of the following (1 is very poor, 6 is excellent):

- | | | | | | | |
|--|---|---|---|---|---|----------|
| 3. The cleanliness and convenience of our facility? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 4. The thoroughness of your examination? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 5. Your doctor's explanation of treatment options? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 6. Your doctor's explanation of procedures? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 7. Explanation of prescribed medicine by nurses? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 8. Your ability to contact the doctor during office hours? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 9. Your ability to reach the doctor after office hours? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 10. Your overall experience with our Anesthesiologist | 1 | 2 | 3 | 4 | 5 | <u>6</u> |
| 11. Your overall experience with our Nurses? | 1 | 2 | 3 | 4 | 5 | <u>6</u> |

12. Would you recommend our office to a friend? ☒ Yes ☐ No

13. Were you contacted by our staff as a reminder prior to your appointment? ☒ Yes ☐ No

14. Were you contacted by our anesthesiologist the day prior to your appointment? ☒ Yes ☐ No

15. Did you receive the Professional Practitioners Information sheets in your pre-op package? ☒ Yes ☐ No

16. If yes, please rate your overall impression of this service:

- ☒ Excellent ☐ Good ☐ Neutral ☐ Disliked the service

17. What procedure did you have with Dr. Rizk? Revision necklift

18. Please provide any additional comments you may have about the services you have received at our office in the space provided or attach an additional sheet. If you would like to be contacted regarding a particular situation, please provide your full name, address and phone number and a brief explanation of the nature of the problem. This information will be maintained confidentially.

Revision necklift - to make tighter neck.

Still concerned about bands. Sam is superb!

Thank you for your time and for sharing your comments with us

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