



ATLANTA PLASTIC SURGERY PC.

Thank you for your recent visit to our office! In an effort to continue positive patient relations, we wish to get your feedback on your experience at Atlanta Plastic Surgery. We would greatly appreciate it if you could fill out the following confidential survey and return it back to us. Your responses will improve our ability to maximize the patient experience and better serve you in the future. Again, thank you for coming in to see Dr. Burstein!

Section 1: Multiple Choice: Please select the answer closest to describing your experience; if no choice properly reflects it, select 'Other' and write a short description to assist us in improving patient satisfaction. You may also share additional comments or expand your answers on the lines below.

1) How would you describe the professionalism of the person who answered your initial phone call to the office?

- a) Very professional
- b) Adequately professional
- c) Neither professional nor unprofessional
- d) Unprofessional
- e) Other: _____

2) Please rate your educational experience during your visit. (Were your questions answered fully? Were you offered additional information? How did you feel after your visit?)

- a) Fully informed
- b) Adequately informed
- c) Barely informed
- d) Visit was not informative
- e) Other: _____

3) How would you rate the friendliness/helpfulness of the front desk staff? (From initial phone call to the time you left the office.)

- a) Very highly
- b) Highly
- c) Fair
- d) Poor
- e) Other: _____

4) How would you rate the friendliness/helpfulness of Dr. Burstein's personal staff? (From initial phone call to the time you left the office.)

- a) Very highly
- b) Highly
- c) Fair
- d) Poor
- e) Other: _____

5) If you came in for a surgery consultation, how would you rate Dr. Burstein during this meeting? Please keep in mind his ability to educate you on the procedure in question, his friendliness, and his professionalism.

- a) Very highly
- b) Highly



ATLANTA PLASTIC SURGERY INC.

- c) Fair
- d) Poor
- e) Other: _____

6) How would you rate your experience as a whole?

- a) Very highly
- b) Highly
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- d) Poor
- e) Other: _____

7) How did you first hear about us? If possible, please list the relevant publication, website, etc.

- a) Online _____
- b) Magazine Ad/Feature _____
- c) From a friend _____
- d) Other: Dr. (Family Physician)

Section 2: Patient Feedback: *In this section, we will ask a few simple, open-ended questions to gauge your experience with us. Please select the most appropriate answer in describing your experience and, where applicable, write your answer on the lines provided. You may skip any questions that do not apply to you.*

8) If you did not schedule a surgery, please state your reason below. (ex: Price expectations, will schedule at a later date, etc.)

Will schedule later when convenient to be out of work

9) Based on your experience with us, would you refer a friend to our practice?

- a) Yes
 - b) No
- If applicable, please explain: _____

10) Would you be interested in receiving e-mails with special offers, practice news, and other bits of information courtesy of Dr. Burstein and Atlanta Plastic Surgery?

- a) Yes
 - b) No
- Email: _____

PLEASE REPLY TO THE FOLLOWING:

Fernando D. Burstein, M.D., F.A.C.S., F.A.A.P.

www.atlplastic.com/burstein.html

E: drburstein@atlplastic.com

P: 404.256.1311 ext: 330

F: 404.705.2760



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Confident in Dr. Burstein.

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Wonderful, very friendly

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- c) Fair
- d) Poor
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*Have had previous cosmetic procedures.
 (Dr. James Capo referred Dr. Burstein 10 years ago)*

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8) If you did not schedule a surgery, please state your reason below. (ex: Price expectations, will schedule at a later date, etc.)

Will schedule in the fall.

9) Based on your experience with us, would you refer a friend to our practice?

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c) From a friend _____
d) Other: Referral - Dr. Naminoua

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Needed to schedule at a later date due to
prior commitments.

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_____ WILL SCHEDULE AT A LATER
_____ DATE

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