

WILLIAMS PLASTIC SURGERY SPECIALISTS
1072 Troy-Schenectady Road
Latham, New York 12110
(518) 786-7000

Mailing Instructions: Please return in the enclosed envelope

PRE-OFFICE VISIT:

- Did the receptionist answer the phone in a pleasant manner?
- Was the Patient Care Coordinator available to answer your questions?
- If not, was someone available to answer your questions?
- Were the answers given to you helpful?
- If you requested that information be sent to you, did you receive it in a timely manner?

| | |
|-------------------------------------|--------------------------|
| YES | NO |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

CONSULTATION:

- Were you greeted in a friendly and professional manner?
- Were you seen in a timely manner?
- Do you feel that all your questions were answered satisfactorily?
- Do you feel that the services provided thru this office were fully explained to you?

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

- Skin care?
- Surgery Center?
- Specialized surgical team in the cosmetic surgery center?
- Surgical procedures available?

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

PRE-OPERATIVE PREPARATION:

- Were you made aware of the items and products needed to be purchased prior to your surgery?
- Do you feel you were made aware of the amount of healing time that may be necessary?
- Were your post-operative instructions fully explained to you?
- Were you given post-operative care sheets to help you follow the step by step instructions necessary for your surgical recovery?

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

POST-OPERATIVE CARE:

- Was the staff courteous, friendly and professional?
- Did you feel you were seen frequently enough following your procedure?
- Were you made to feel confident to carry out the post surgical instructions given to you?

| | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | All of the time | Some of the time | Not at all |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How would you rate your overall experience at New England Laser and Cosmetic Surgery Center?

| | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Excellent | Satisfactory | Fair | Poor |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Would you recommend Drs. Williams/Polynice to a friend or relative that is interested in elective cosmetic surgery?

| | |
|-------------------------------------|--------------------------|
| Yes | No |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please list any general comments or suggestions:

Personal instructions given

Dr. Mixtan was also very kind + attentive



Would you be willing to be on our website? If so, please sign your name and provide your phone number. Someone from the office will contact you. Thank you.

Name _____ Phone: _____