

Williams Center

Plastic Surgery

The Williams Center is committed to providing the best possible care for all our patients. In order to maintain this high level of treatment, it is helpful to receive input from our patients. If you would please take the time to complete the survey below it would greatly assist us in continuing our goals. Please return in self address enclosed envelope. Thank you.

PRE-OFFICE VISIT:

YES NO

Did the receptionist answer the phone in a pleasant manner? ✓ —

Was the patient care coordinator available to answer your questions? ✓ —

If not, was someone else available to answer your questions? — —

Were the answers given to you helpful? ✓ —

If you requested information did you receive it in a timely manner? ✓ —

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 satisfactory? ✓ —

Do you feel that the services provided thru this office were fully explained to you? ✓ —

Would you recommend our doctor to a friend or relative that is interested in elective surgery? ✓ —

How would you rate your over all experience at The Williams Center?

Excellent Satisfactory Fair Poor

Please circle the appropriate physician you had your consultation with.

Edwin F. Williams III, MD Alain Polynice, MD Robert J. DeFatta, MD

Please list any general comments or suggestions: _____

