

# PLASTIC SURGERY SERVICES OF FREDERICKSBURG

## QUALITY OF CARE SURVEY FOR NEW PATIENTS

For each item identified below, circle the number to the right that best fits your judgment of its quality.  
Use the rating scale to select the quality number.

**If any item is less than 5 please take a moment to explain below**

Survey Item	Scale				
	P o o r	Good			E x c e l l e n t
1. Professionalism of our staff	1	2	3	4	5
2. Availability of appointment	1	2	3	4	5
3. Our reception and exam areas	1	2	3	4	5
4. Length of time you waited to be seen	1	2	3	4	5
5. Your interaction with your doctor	1	2	3	4	5
6. Your experience with our Web site	1	2	3	4	5
7. Would you recommend our practice to friends and family	1	2	3	4	5

*Your feedback helps us to continually improve the care our patients receive*

Please return via:

Email: [info@plasticsurgeryservices.com](mailto:info@plasticsurgeryservices.com)

OR

Mail: Plastic Surgery Services of Fredericksburg  
3312 Fall Hill Ave  
Fredericksburg, VA 22401

Name Optional: \_\_\_\_\_