

PLASTIC SURGERY SERVICES OF FREDERICKSBURG

QUALITY OF CARE SURVEY FOR SURGICAL 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 explain below

Survey Item	Scale				
	P o o r	Good			E x c e l l e n t
1. Professionalism of staff	1	2	3	4	5
2. Information about your procedure	1	2	3	4	5
3. Your pre operative appointment and instructions	1	2	3	4	5
4. Your pain control following surgery	1	2	3	4	5
5. Your instructions after surgery	1	2	3	4	5
6. Your calls / concerns addressed promptly	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

OR

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

Name Optional: _____