



John L. LeRoy, M.D., F.A.C.S., P.C.
Cosmetic & Plastic Surgery

Thank you for choosing Dr. John LeRoy for your cosmetic needs! Patient satisfaction is of the utmost importance to us and we would greatly appreciate your feedback regarding your experience with us. If you could fill out the following confidential survey and return it back to us, it will improve our ability to serve you in the future. Again, thank you for coming in to see Dr. John LeRoy!

Multiple Choice: Please select the answer closest to describing your experience; if no choice properly reflects your experience or you wish to share additional comments with us, write a short description on the lines below.

- 1) Please write which type of surgical or non-surgical procedure(s) you had performed below:

- 2) Do you feel like you were fully informed during your pre-operative appointment? (For non surgical procedures, do you feel like you were fully informed during your initial consultation?)
 - a. Very informed
 - b. Somewhat informed
 - c. Somewhat uninformed
 - d. Uninformed
 - e. Comments: _____

- 3) Rate your overall experience with the nursing staff (at the hospital for surgical procedures and at the office for nonsurgical procedures).
 - a. Excellent
 - b. Good
 - c. Adequate
 - d. Poor
 - e. Comments: _____

- 4) How would you rate your comfort level with Dr. LeRoy on the day of your procedure?
 - a. Very comfortable
 - b. Somewhat comfortable
 - c. Somewhat uncomfortable
 - d. Very uncomfortable
 - e. Comments: _____

- 5) During or after your procedure, do you feel like every step was taken to minimize your discomfort and/or post-operative pain?
 - a. Yes



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- b. No
- c. If No, why not & do you have suggestions for us?

6) How would you rate your overall experience at Dr. LeRoy's practice?

- a. Excellent
- b. Good
- c. Adequate
- d. Poor
- e. Comments: _____

7) 5) How satisfied are you with the results of your procedure?

- a. Very satisfied
- b. Somewhat satisfied
- c. Somewhat unsatisfied
- d. Unsatisfied
- e. Comments: _____

8) Would you choose Dr. LeRoy to perform additional procedures and/or recommend his services to a friend or family member?

- a. Yes
- b. No
- c. If No, why not? _____

Would you provide us with a testimonial?

Patient testimonials are valuable resources in providing information for potential patients and improving our ability to help better serve you in the future. If you would like to share your experience, please mail, fax, or email to information@johnleroymd.com. Your comments, stories, and feedback is greatly appreciated!