



Kass Center for Cosmetic Facial & Eye Plastic Surgery

Patient Survey and Permission Form

We welcome receiving your comments about our practice. The primary purpose of this survey is to improve, and make things better for you and for future patients.

Comments and Testimonial: Please include any comments below. We invite you to write a brief testimonial. You might include the reason for your visit, your satisfaction with the service you received and the results you achieved, and whether it helped fulfill the initial need that brought you to our practice.

*Dr. Kass is The Best!! He did a superb job with my lips. He enhanced my lips and now they look fantastic. He will definately be my doctor of choice for all my future plastic surgery procedures!
Excellent work!*

Would you consent to allow us to use these comments and photos in future marketing efforts (Your name will absolutely *not* be used in these marketing efforts (i.e. "Ms. G, St Petersburg, Florida"))?

Yes No

Physician Survey	★	★★	★★★	★★★★	★★★★★
✓ Overall, what is your opinion of this physician?					✓
✓ Tell us how this physician rates on...					
Would you recommend your physician to a friend, relative?					✓
Was it easy to get an appointment?					✓
Was your wait time during a visit reasonable?					✓
How did the office environment appear to you regarding cleanliness, comfort, lighting, temperature, location?					✓
Were you pleased with the accuracy regarding diagnosing a problem?					✓
Did your physician portray a caring attitude?					✓
Did the physician listen to you and answer your questions?					✓
Did the physician help you understand your medical condition(s)?					✓
Did the physician spend enough time with you?					✓
Do you trust your physician to make decisions/recommendations that are in your best interests?					✓
Did the physician follow up as needed after your visit?					✓
How long was your wait at the office?					in minutes 5 min or less

* Rating Scale: One star = poor, five stars = excellent