

ALDONA J. SPIEGEL, MD

PLASTIC SURGEON & BREAST DESIGNER

SURGERY INSTRUCTIONS

The Methodist Hospital

Your surgical procedure with Dr. Spiegel has been scheduled at Houston Methodist Hospital in the Medical Center. Please report to The Methodist Hospital, 6565 Fannin, on the 3rd floor of the Main building, Main 3 NW. Their phone number is 713-441-1034.

Please follow the instructions below:

- Pre-register for your surgery with the hospital by calling patient registration at 713-394-6805.
- You will need an appointment with the pre-operative anesthesia evaluation clinic (APEC) prior to your surgery date. You will be assessed by anesthesia and will have any blood work or other testing done while you are there. Please bring a list of any medications, vitamins, or supplements you are currently taking. You may walk-in without an appointment, however patients that have appointments will be seen before those that do not. If you would like to secure an appointment, please call 713-441-6504, option 3. You should expect your appointment to take approximately an hour. The pre-operative assessment center is located in the Scurlock Tower, on the 3rd floor, at 6560 Fannin Street. The hours of operation are 10 AM – 6 PM, Monday through Friday.
- Please **start** taking iron supplementation with vitamin C as soon as possible.
- **Do not** take aspirin or products containing aspirin, vitamin E, fish oil, herbal supplements, or any medications that would cause bleeding, **3 weeks** prior to surgery. If you are taking Tamoxifen/Arimidex, you will need to stop this medication **3 weeks prior** to surgery as well. Attached is a list of medications not to be taken 3 weeks before surgery. Take Tylenol if necessary.
- **Do not** smoke for at least 8 weeks before and 6 weeks after surgery. Avoid nicotine gum and patches.
- **Do not** eat or drink anything after midnight the night before or the morning of your surgery unless otherwise instructed at your pre-operative assessment visit.

If you have any questions, please call the office at 713-441-6102.

Houston Methodist Hospital Map Information

HELPFUL INFORMATION

General Information
713.441.6000

Transportation Assistance
713.441.4246

Security
713.441.4246

Emergency Department
713.441.1016
Located in Main Building,
Level 1

Hospital Address
Houston Methodist Hospital
6565 Fannin Street
Houston, Texas 77030

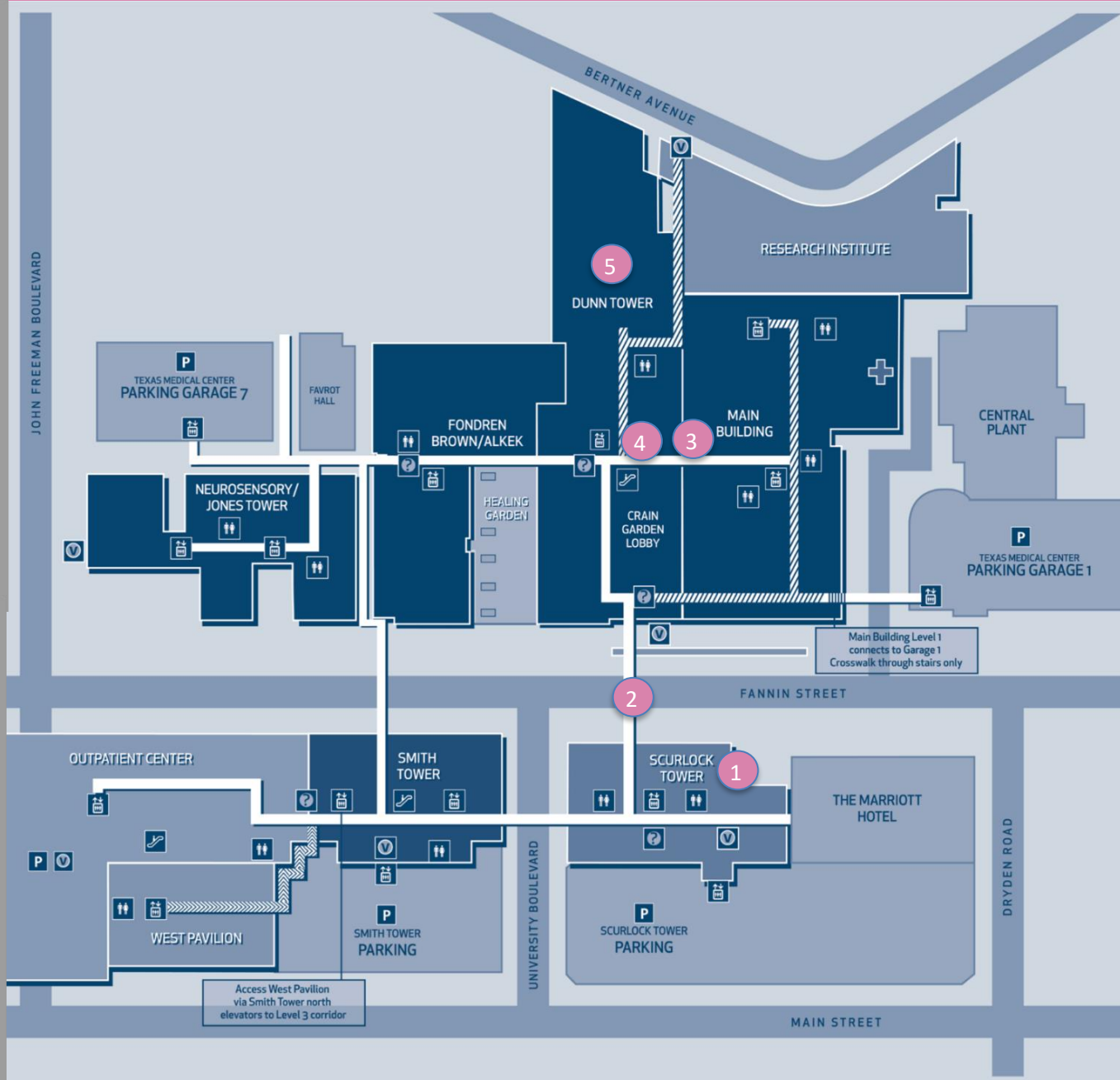
Valet
Located at:
• Level 1 hospital entries
• Neurosensory/Jones
Tower, Level B1 entry

MAP LEGEND

-  YOU ARE HERE
-  CROSSWALK
-  EMERGENCY ROOM
-  ELEVATORS
-  ESCALATORS
-  INFORMATION
-  RESTROOMS
-  PARKING
-  VALET PARKING

PLAN NORTH 

TRUE NORTH



- 1 – Scurlock Tower:
 - Office – 22nd Floor Suite 2200
 - APEC – 3rd Floor
- 2 – Crosswalk to Hospital on 2nd Floor

- 3 – Check in for Surgery Main 3 NW
- 4 – Family Waiting Area: Dunn 3rd Floor
- 5 – Plastic Surgery Hospital Floor: Dunn 8th or 9th Floor

ALDONA J. SPIEGEL, MD
PLASTIC SURGEON & BREAST DESIGNER

Pre-Operative Instructions

8 Weeks Before Surgery

Smoking

Smoking compromises blood flow by causing spasm of blood vessels and significantly increases the risk of wound healing problems. Therefore, **DO NOT SMOKE** for at least 8 weeks before and 6 weeks after surgery. This also applies to second hand smoke; therefore do not stay in rooms with cigarette smokers.

3 Weeks Before Surgery

Pre-operative Labs

Preoperative lab work must be obtained and reviewed prior to surgery. The lab work and testing will need to be completed 3 weeks prior to surgery.

2 Weeks Before Surgery

Medications

Do not take any medication containing aspirin or anti-inflammatories (Advil, Aleve), including cold formulas, for at least 2 weeks prior to surgery. Please let us know if you are taking or have been taking any herbal supplements, fish oil or vitamin E. These will need to be discontinued 2 weeks prior to surgery. Please refer to the Medication List link for some frequently used medications that contain aspirin or an anti-inflammatory. These compounds have a tendency to decrease the average clotting capacity and increase bleeding during surgery. Tylenol may be used instead as it does not have these untoward effects. If you are on **Tamoxifen**, you need to stop taking this medication **3 weeks** before surgery.

1 Week Before Surgery

Hibiclens® Soap

Use Hibiclens® (over-the-counter antibacterial skin cleanser) in the shower instead of soap for 3 days prior to surgery. Apply the minimum amount of Hibiclens® necessary to cover the skin from shoulders to thighs and wash gently. Rinse again thoroughly (be careful not to get the product on your face, eyes, or ears). You do not need a prescription for this.

Notification of Illness

Notify our office promptly if cold, fever, or any illness appears before surgery. Call in any allergies, medications, or conditions you may have forgotten to tell us about.

Night Before Surgery

Eating and Drinking

Do not eat or drink anything after midnight the night before surgery unless you are otherwise instructed at your pre-assessment appointment. If you are diabetic and take insulin you will be instructed how to take your medication and discuss this with your anesthesiologist during the preoperative visit.

Arrival for Surgery

Please be punctual. If you are running late please call ahead, but be aware that not arriving on time may cause cancellation of your surgery. Please report to Methodist Hospital, 6565 Fannin, to the 3rd floor of the Main building which is Main 3NW for admission. Their phone number is 713441-1034. Dr. Spiegel will see you the morning of surgery to address any last minute questions or concerns. She will place your pre-operative markings at that time.

ALDONA J. SPIEGEL, MD
PLASTIC SURGEON & BREAST DESIGNER

Dear Patient,

Please be aware that we **will not** contact you if your pre-operative work-up is **normal**, however, rest assured we **will** contact you if any of your test results are **abnormal**. If you would like a copy of your results, we can make them available at your next visit.

Sincerely,

A handwritten signature in black ink, reading "A. Spiegel", written in a cursive style. The signature is set against a light gray, textured rectangular background.

Dr. Aldona J. Spiegel

ALDONA J. SPIEGEL, MD

PLASTIC SURGEON & BREAST DESIGNER



taking these medications 2 weeks before surgery!

A

A 4-Way Cold Tablets	Aches-N-Pain Tablets	Adprin-B Tablets
Advil	Aleve	Alka-Seltzer Tablets
Alka-Seltzer plus Cold	Amigesic	Anacin
Anaprox, Anaprox DS	Anodynos	Ansaid
Argesic	Artha-G	Arthralgen
Arthritis Bayer Aspirin	Arthritis Strength Bufferin	Arthropan
Arthrotec	A.S.A. Enseals	A.S.A. Tablets
Ascriptin A/D Tablets	Ascriptin Extra-Strength	Ascriptin Tablets
Ascriptin with Codeine	Asper Buf Tablets	Aspergum
Aspirin (any brand)	Asprimox	Axotal

B

Bayer Aspirin Tablets	Bayer Children's Aspirin	Bayer Children's Cold Tabs
Bayer Select Pain Formula	Bayer Time-Release Aspirin	BC Tablets or Powder
Buf-Tabs	Buff-A Comp No. 3 (with Codeine)	Bufferin, Arthritis Strength
Buff-A Comp Tabs/Capsules	Buffaprin	Bufferin with Codeine No. 3
Bufferin, Extra Strength	Bufferin	Buffinol Extra
Buffets II	Buffex	
Buffinol		

C-D

Cama Arthritis Pain Reliever	Cataflam	Children's Advil Suspension
Children's Motrin Suspension	Clinoril	Cope
Darvon Compound Pulvules	Darvon Compound-65	Darvon with A.S.A.
Darvon-N with A.S.A.	Dasin Capsules	Daypro
Diflunisal Capsules	Diflunisal	Disalcid Capsules
Doan's Pills	Dolobid Tablets	

E-H

Easprin	Ecotrin	Emagrin
Endodan	Epromate	Equagesic
Equazine-M	Etodolac	Excedrin Tabs/Capsules
Feldene Capsules	Fenoprofen	Fiorgen PF
Fiorinal	Fiorinal with Codeine	Flurbiprofen
Gelpirin	Gensan	Goody's Headache Powder
Halfprin	Haltran	Herbal Supplements

I-L

IBU-Tab	Ibuprin	Ibuprofen
Ibuprohm Tabs/Caplets	Indochron E-R Capsules	Indocin
Indocin-SR Capsules	Indomethacin Capsules	Indomethacin Suspension
Ketorolac	Ketoprofen Capsules	Lanorinal
Lodine Tabs/Capsules	Lodine XL	

M

Magan	Magnaprin Arthritis Strength	Magsal
Marinol Capsules	Marthritic	Meclofenamate Capsules
Meclomen Capsules	Medipren Tabs/Caplets	Menadol
Meprogesic	Micrainin	Midol
Midol IB Tabs/Caplets	Mobidin	Mobigesic
Momentum	Motrin	

N-O

Nalfon Tablets/Capsules	Naprosyn Tabs/Suspension	Naproxen
Neocylate	Norwich Extra Strength Tabs	Nuprin Tabs/Caplets
Orudis Capsules	Oruvail Capsules	

P-R

Pabalate	Pabalate-SF	PAC Tablets
Pamprin-IB	Pepto-Bismol	Percodan/Percodan-Demi
Piroxicam Capsules	Ponstel Capsules	Presalin
Relafen	Robaxisal	Rufen

S

S-A-C	Saleto	Saleto-200,400,600,800
Salflex	Salocol	Salsalate
Salsitab	SK-65 Compound Capsules	St. Joseph Children Cold Tabs
St. Joseph Children Aspirin	Sulindac	Supac
Synalgos Capsules		

T-Z

Talwin Compound	Tolectin 200, 600 Tabs	Tolmetin Tabs/Capsules
Tamoxifen	Toradol Injection/Tabs	Trendar
Tricosal	Trigesic	Tri-Pain Tablets
Trilisate Tabs/Liquid	VanquishVerin	Voltaren
Vitamin E	Zorprin	

Post-Operative Instructions

Medications

There are 6 medications that you will be prescribed after surgery:

1. **Antibiotic**- to be continued for 10 days
2. **Pain Medication**- to be taken as needed, you may take Tylenol if you do not feel like you needed a stronger medication. Pain medication might make you feel groggy and constipated and cannot be mixed with alcohol. It is also not safe to drive while taking pain medication
3. **Colace** - this is a stool softener that you can take as needed
4. **Flexeril**: this is a muscle relaxer that can be taken as needed for muscle spasming of the chest muscles. Note, this medication may make you feel drowsy
5. **Zinc and Selenium**: supplements we recommend you start taking after surgery to help with wound healing

Do Not take aspirin or anti-inflammatories such as ibuprofen (Motrin/Advil) or naproxen (Aleve) for at least 2 weeks post operatively.

Surgical Garments



POST-SURGICAL BRA **(this will be given to you in the hospital)**

The Dale Bra offers soft support after your procedure and closes in the front. It uses a fabric that allows it stretch with post-operative swelling.

You will have activity restrictions to include: no lifting/pushing/pulling with the arm of the operated breast and no lifting that arm above 45 degrees for at least the first week post op.

We recommend having shirts available that either zip or button in the front, so you do not have to lift your arm above your head.

Swelling

After surgery, your breast(s) will feel swollen around the incisions, especially at the end of the day. This is normal and usually takes at least a month or more to resolve. If you have signs of redness, swelling or separation of the skin at the surgical site, a temperature above 101 degrees, increased pain at the surgical site, increased drainage output or bad odor from the surgical site, contact our office at 713-441-6102.

Incision Care

Check incision sites daily. Some of your incisions may be covered with Dermabond tape or Steri Strips which will be removed in clinic. The incisions may have minimal draining which will discolor the tape/strips. If you have persistent draining please call our clinic. You may also have bruising (black, blue, or purple) at any of your surgical incisions which is normal. If you had liposuction, you may experience more discomfort and bruising in this area. **Do not** submerge your incisions in a bath, pool, etc. until cleared by your doctor.

Drains

You will be discharged home with drains in place. There are usually 2 drains in each operated breast. It is necessary to record total daily output for each drain. When the drain is near full, empty the contents into a measuring cup and record the amount in mL (equal to cc). Strip the drain tubing 7 times per day starting where it exits the skin to remove any clots that might clog the drain. If the drain requires emptying more than once per day, enter the **Daily Total** in the appropriate space on the drain record sheet. When your drain output is less than 25mL total per drain in 24 hours for two consecutive days, the drain will be removed in clinic. We use silastic drains, which reduce any discomfort during removal of the drain. You should continue taking antibiotics until your last drain has been removed. The small opening that will remain in the skin will seal in 24-72 hours. This opening may have a small amount of drainage, and can be covered with dry gauze until it seals.

Showering

You will be able to shower 48 hours after surgery. Remove surgical bra and gauze before showering. Shower with your back to the water. Allow the surgical incisions to dry before replacing your bra. Do not apply powder, creams, ointments, or lotion to incisions until completely healed. Baths can be resumed 1 month after surgery and swimming 8 weeks after surgery.

Activities

Do not lift, push, or pull objects over 7 pounds until you are released to resume normal activities. **No** exercise or weight training for at least 2 weeks to avoid straining your incisions. **Don't** push a vacuum or do other strenuous housework until you have been seen and cleared in the office.

If you had a repair of an abdominal bulge or hernia, **do not** lift, push, or pull objects over 5 pounds. No abdominal exercises or exercises that use your abdomen and core for 3 months. This includes any high impact, weights, yoga, Pilates or other similar exercise.

Sleep Position

You should only sleep on your back and avoid sleeping on the reconstructed breast for at least 6 weeks after surgery. If you prefer, you might find a recliner helpful to prevent you from rolling on your side while sleeping.

Work

You will be able to return back to a desk job, or light duty approximately 4 weeks after surgery. Be mindful that this should be gradual because you will feel tired more quickly and lack the normal reserve of energy.

Support

You will need someone to help you when you return home for the first few days. Ask you friends and family to help you with chores and errands while you recover.

Driving

You may start driving after you have stopped all pain medication and 1 week after your last drain has been removed. It is best to wait at least 2-3 weeks after surgery, in order to feel confident when driving.

Smoking

ABSOLUTELY NO SMOKING for six weeks after surgery (this includes staying out of rooms with smokers).

Mammograms

A routine mammogram does not need to be performed on the reconstructed breast, after a mastectomy. However, it can be performed if requested by your oncologist or other physician. You should still perform a self-breast exam on the reconstructed breast and keep note of any changes in the scar and breast skin. **Breast imaging needs to be current, within at least 6 months of your surgery date.**

Scar Therapy

SCAR THERAPY RESULTS



Scar after breast reduction

After 7 weeks of treatment with Silagen*

Before and after photos of Silagen Scar therapy

Silagen

WHY DO I NEED IT?

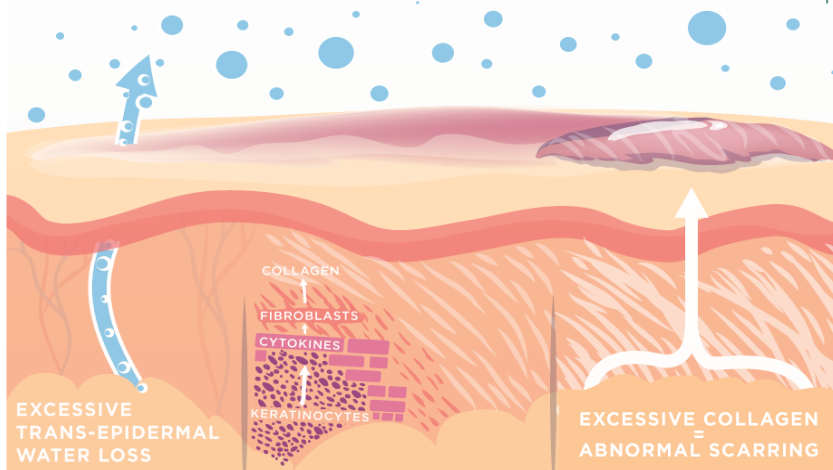
It is natural to be concerned about scars. Some patients, are genetically prone to hypertrophic or keloid scar formation, including those with more pigmented skin. In clinical studies Silagen sheeting showed a greater and faster improvement in scar maturation. Silagen Silicone Gel Sheeting is made with the highest quality medical grade silicones. The 1mm thick sheets, strips and shapes feature advanced adhesion technology which means they conform well to the body and remain in place. They can be washed and reused for up to 4 weeks.

HOW DOES IT WORK?

Silagen creates a protective barrier over the scar, which increases hydration and provides the optimal environment to normalize collagen production. This will help flatten and soften your scar, and reduce redness, discoloring, itching, and pain. You will begin to see results in as little as 3 weeks, but best results are seen after 3 months.

HOW DO I USE IT?

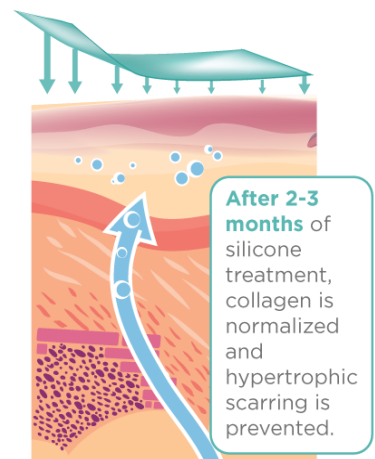
You can start using the Silagen 8 weeks after surgery as long as there are no open areas or scabbing. You place it on your incision(s) and wear it for 6 – 24 hours. The longer you wear the Silagen, the better the results.



Scar tissue exhibits excessive TEWL for as long as one year post-wound healing.

This abnormally high level of water evaporation stimulates keratinocytes to produce cytokines, which in turn signal the activation of fibroblasts to synthesize collagen.

Left unchecked, excessive collagen production can lead to abnormal scarring.



Silicones applied over the scar provide occlusion and hydration of the stratum corneum, down-regulating keratinocyte stimulation and prevent further signaling to produce more collagen.

Drain Care Information

You may be discharged home with drains in place. Typically, two drains are placed to each operated breast. The nurses on the floor will teach you how to care for your drains and you will be discharged home with these drains. It is necessary to record total daily output of each drain. When the drain is near full, empty the contents into a measuring cup and record the amount in cc (equal to mL). **Strip the drain tubing 6 – 7 times daily**, starting where it exits the skin to remove clots that might clog the drain. If the drain requires emptying more than once per day, enter the daily total in the appropriate space on the drain record sheet. There will be a small suture around the drain and a tegaderm dressing to secure it in place, this is able to get wet. You may shower with drains, but please shower with the water to your back, and after showering pat all incisions dry. Please don't remove the dressing, it will be removed at your clinic appointment. **When your drain output is less than 25 cc within a 24 hour period for 2 consecutive day, the drain will be removed in clinic.** We use silastic drains, which reduce any discomfort during removal of the drain. You should continue taking antibiotics until your last drain has been removed. Once the drain is removed the small opening may have a small amount of drainage and can be covered with dry gauze until it seals closed. Typically, the drain site will close in 48-72 hours.



Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						

DRAIN OUTPUT RECORD

Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						
Date: ___/___/___	Drain 1	Drain 2	Drain 3	Drain 4	Drain 5	Drain 6
Time: _____ am / pm						
Time: _____ am / pm						
Time: _____ am / pm						
Daily Total (cc)						

Date: _____

Patient: _____

Pre-Operative Patient Satisfaction Survey

At the Center for Breast Restoration, patient care and satisfaction is our number one priority. With your input we will be able to assess where we need to make improvements as well as acknowledge what we are doing right. We appreciate your time, consideration, and candor when completing this survey. Thank you!

Making Your Decision

1. How did you hear about the Center for Breast Restoration?.....Website Doctor Friend Other
2. Did you find the website helpful? No Yes Did Not Apply
3. Spoke to other plastic surgeons before making decision? No Yes Number of others? _____
4. Spoke to General Surgeon before your initial consult with us? No Yes
5. Your phone calls were returned within 24 hours? No Yes
6. Reasonable time between requesting appointment and your visits.... No Yes How long?_____

Arrival

- | | Very Poor | Poor | Fair | Good | Very Good |
|---|-----------------------------|------------------------------|---|--------------------------|-----------------------------|
| 1. Experience checking in with the receptionist..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Wait time before going to exam or consultation rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 3. |
| Wait time before seeing the Physician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 4. |
| Communication regarding any delays | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were you shown the videos and/or photo album | No <input type="checkbox"/> | Yes <input type="checkbox"/> | Were they helpful? No <input type="checkbox"/> Yes <input type="checkbox"/> | | |

Clinic Coordinator

- | | Very Poor | Poor | Fair | Good | Very Good |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Degree to which Coordinator was friendly and helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Degree to which Coordinator explained treatment to your satisfaction .. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Degree to which Coordinator listened to your concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Degree to which Coordinator explained pre-operative requirements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Degree to which Coordinator was knowledgeable of your treatment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Your overall level of confidence in the Coordinator..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Biller	Very Poor	Poor	Fair	Good	Very Good	N/A
1. Degree to which Biller was friendly and helpful.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Degree to which Biller explained insurance to your satisfaction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Degree to which Biller explained any out of pocket costs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Degree to which Biller assisted with getting "in network exception"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Degree to which Biller was knowledgeable about insurance policies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your overall level of confidence in the Biller	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician	Very Poor	Poor	Fair	Good	Very Good
1. Degree to which Physician was friendly and helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Degree to which Physician explained treatment to your satisfaction.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Degree to which Physician listened to your concerns.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your overall level of confidence in the Physician.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General	Very Poor	Poor	Fair	Good	Very Good
1. Level of your understanding of treatment plan after each visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Level of your comfort with treatment plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Level of your understanding of pre-operative responsibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Level of your expectations for treatment results.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Your overall level of confidence going into your procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Likelihood of recommending our practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Suggestions

Are you interested in learning more about our cosmetic products and aesthetic services? Yes No