



**Southern Plastic Surgery, PC.**  
**David M. Whiteman, M.D., F.R.C.S.(c)**

***Thank you for choosing Dr. David Whiteman and Southern Plastic Surgery for your cosmetic & reconstructive surgery needs! We place great importance on making sure everyone that comes into our office leaves satisfied and would greatly appreciate it if you could fill out the following confidential survey and return it back to us by mail, email or fax shown below. Your responses will improve our ability to better serve you in the future. Again, thank you for choosing Dr. David Whiteman!***

**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 at Southern Plastic Surgery 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. Whiteman on the day of the surgical or nonsurgical procedure?

- a. Very comfortable
- b. Somewhat comfortable
- c. Somewhat uncomfortable
- d. Very uncomfortable
- e. Comments: \_\_\_\_\_

\_\_\_\_\_

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

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- 6) How would you rate your overall experience with Southern Plastic Surgery?
- a. Excellent
  - b. Good
  - c. Adequate
  - d. Poor
  - e. Comments: \_\_\_\_\_

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- 7) How satisfied are you with the overall results of your procedure?
- a. Very satisfied
  - b. Somewhat satisfied
  - c. Somewhat unsatisfied
  - d. Unsatisfied
  - e. Comments: \_\_\_\_\_

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- 8) Would you come back to Southern Plastic Surgery for additional procedures and/or recommend our services to a friend?
- a. Yes
  - b. No
  - c. If No, why not? \_\_\_\_\_

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**Would you provide us with a testimonial?**

Patient testimonials are valuable resources in providing information for potential patients, expanding Southern Plastic Surgery's client base, and improving our ability to help better serve you in the future. If you would like to share your experience, please send us a short letter or email to [info@southernplasticsurgery.com](mailto:info@southernplasticsurgery.com) with your story and/or comments about Southern Plastic Surgery. Your assistance is greatly appreciated!

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