



Thank you for your interest in SurgiSurvey. Please complete the following packet so that we may begin building your marketing protocol.

Orrin Franko, MD
Founder and CEO
SurgiSurvey, LLC

1. Complete Practice Name and Address:

Name:		
Address 1:		
Address 2:		
City:	State:	Zip:

2. Please provide the best phone number for patients to call to reach your office:

() _____ - _____

3. By default, all emails are sent from YourPracticeName@surgisurvey.com. If you prefer a specific address, please provide that here: _____

4. Name the providers participating in automated marketing:

5. Please provide a high-quality practice logo in JPG format to use on the surveys (email JPG or GIF).

6. Please provide high quality head-shots or links to online images that can be used for each provider.



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Danville, CA
hello@surgisurvey.com

7. Please include any additional questions you would like included in the registration form. Custom surveys, pain scales, and outcome questionnaires can be included, if desired.

Name

Email

Provider selection

Referral Source

Visited Websites



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8. The following template may serve as a guide for the first email, delivered to patients 2 hours after their initial visit. Please modify as desired:



Dear XXXX,

Thank you for visiting my office. My hope is that you had a positive experience and feel optimistic about your plan.

Please read my [Patient Promise](#) to learn about my treatment philosophy and commitment to the **highest quality of care** and **personalized attention**. If you have any additional questions, please call the office at 510-297-0550.

Here are some other resources you may find helpful.

[Learn about your condition](#)

[Finger Exercises](#) (if prescribed)

[Wrist and Elbow Exercises](#) (if prescribed)

[Therapy products and supplies](#) (if recommended)

[About me, Orrin I. Franko, MD](#)

[My training and experience](#)

Thank you for trusting me with your health.

Sincerely,

Dr. Franko

This is an un-monitored email account. If you have questions about your care, please call the office at 510-297-0550.



9. The following email template will be sent to all patients 2 days after their initial visit. Please modify if desired.

Include the link for the “5 star” review (typically Yelp or Google): _____

Include the link for the 1 through 4 star reviews (typically your practice website or a “feedback” page): _____

Please rate your experience at East Bay Hand Medical Center:

Excellent	★★★★★
Good	★★★★☆
Ok	★★★☆☆
Poor	★★☆☆☆
Terrible	★☆☆☆☆



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10. The following template will be sent 6 weeks after each patient visit, personalized for each provider..

Include the link you would like for the 5-star review: (typically Healthgrades, Yelp, or Google):



Dear << Test First Name >>,

Can you take a moment to rate your experience?

Excellent	★★★★★
Good	★★★★☆
Ok	★★★☆☆
Poor	★★☆☆☆
Terrible	★☆☆☆☆

I will send a draft of your forms prior to building and finalizing your automation protocol. Please return this information as soon as possible.