



Thank you for your interest in SurgiSurvey. Please complete the following packet so that we may begin building your automation 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 [DoNotReply@surgisurvey.com](mailto:DoNotReply@surgisurvey.com). If you prefer a different address, please provide that here: \_\_\_\_\_

4. Name the surgeons participating in data collection:

5. Name the surgery centers, hospitals, or offices where you will be performing operations:

6. Please check if you would like to collect ICD10 or CPT codes

- ICD10                      Required question: yes / no
- CPT                              Required question: yes / no

7. Please provide a high-quality practice logo in JPG format to use on the surveys.



8. Please add/remove any procedure categories for your survey:

- Carpal Tunnel Release
- Trigger Release (A1 pulley)
- 1st Dorsal Compartment Release (DeQuervain)
- SMUNT / Ulnar Nerve Release
- Ganglion / Cyst / Mass Excision
- CMC Arthroplasty/Trapeziectomy (LRTI)
- ORIF/CRPP Fractured Finger (Metacarpal/Phalanges)
- ORIF/CRPP Fractured Wrist or Forearm (Radius/Ulna/Scaphoid)
- ORIF/CRPP Fracture Elbow or Arm (Humerus/Olecranon)
- Fusion/Arthrodesis (finger, hand, wrist)
- Hardware Removal
- Tendon / Ligament Repair
- Dupuytren / Contracture Release
- Laceration / Exploration / Amputation
- Non-upper Extremity
- Other:

9. Please review and/or modify the text for the Welcome email and Reminder emails:

Welcome email:

Dear << Test First Name >>

As part of your recovery, you have agreed to participate in email-based assessments. Over the next few months, you will receive emails requesting a response to short surveys used to monitor your outcomes and reduce your wait time in the office. The first one will arrive in 3 weeks, and you may un-enroll at any time.

Please do not respond to this email. For any concerns, please call the office at (XXX) XXX-XXXX.

Sincerely,  
Dr. Test Surgeon  
Your Practice Name



Automate. Aggregate. Analyze.  
Hands-Free Patient Reported Outcomes Collection

SurgiSurvey, LLC  
Danville, CA  
hello@surgisurvey.com

Reminder #1:

Dear << Test First Name >>,

I would like to monitor your recovery progress. Please complete a short evaluation by clicking [here](#).

This automated email is not intended for responding to medical questions. If you have concerns about your recovery, please call (XXX) XXX-XXXX.

Sincerely,  
Dr. Test Surgeon  
Your Practice Name

Reminder #2:

Dear << Test First Name >>,

This is a reminder to let me know about your recovery progress. Please complete a short evaluation by clicking [here](#).

This automated email is not intended for responding to medical questions. If you have concerns about your recovery, please call (XXX) XXX-XXXX.

Sincerely,  
Dr. Test Surgeon  
Your Practice Name

Reminder #3:

Dear << Test First Name >>,

Please complete a 2-minute evaluation by clicking [here](#). This is a final reminder.

This automated email is not intended for responding to medical questions. If you have concerns about your recovery, please call (XXX) XXX-XXXX.

Sincerely,  
Dr. Test Surgeon  
Your Practice Name



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SurgiSurvey, LLC  
Danville, CA  
hello@surgisurvey.com

You will receive a draft of your enrollment and follow-up forms prior to building and finalizing your automation protocol. Please return this packet as soon as possible.