

## Telemedicine Follow Up Survey

We value your feedback, please answer the following questions regarding your decision to switch visit type

\* This form will record your name, please fill your name.

1. Do you currently have internet access

- Yes
- No
- Other

2. In your own words, please describe why you chose to switch to an in-person clinic visit

3. Please let us know if you believe that postoperative telemedicine visits are beneficial to patient care

- Yes
- No
- Other

4. In the future, would you use a telemedicine for your postoperative care?

- Yes
- No
- Other

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