

# Visitor Survey ✓

Please take the time to fill out the survey as we constantly look for ways to improve your experience with us.



What type of treatment did you receive?      Cosmetic ☐      Reconstruction ☐

Were you greeted promptly at check in?      Yes ☐      No ☐

Was our staff friendly?      Yes ☐      No ☐

Did the medical assistant address and note all of your concerns?      Yes ☐      No ☐

Did the medical assistant answer all of your questions to your satisfaction?      Yes ☐      No ☐

Did the medical assistant review all aftercare instructions, prescriptions, and/or handouts with you?      Yes ☐      No ☐

If you met any of our management members, were you satisfied with the experience?      NA ☐      Yes ☐      No ☐

If you met with our billing department, did they meet your needs?      NA ☐      Yes ☐      No ☐

Were all of your concerns addressed thoroughly by the doctor?      Yes ☐      No ☐

Did you feel you had adequate time with the doctor?      Yes ☐      No ☐

Were you greeted promptly at check out?      Yes ☐      No ☐

Was our staff professional?      Yes ☐      No ☐

Overall, was your wait time acceptable?      Yes ☐      No ☐

Would you recommend our office to someone else?      Yes ☐      No ☐

If NOT satisfied please explain:

Enter any additional comments about your office visit: