

COSMETIC SURGERY & DERMATOLOGY OF ISSAQUAH, INC.

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Patient Satisfaction Survey

PLEASE HELP US DO A BETTER JOB...

By taking a moment to complete our "30 Second Quality Quiz"! As part of our ongoing effort to improve our services, we ask that you complete this brief survey and return it to our receptionist before you leave.

Your responses are totally confidential and help us make changes that improve your experience with us.

Please fill in the appropriate answer for each of the following questions:

Are you a new patient?

Yes

No

Have you completed your course of treatment with us?

Please rate the quality of our service and the care you received during your experience with us:

SCHEDULING YOUR APPOINTMENT

Poor

Fair

Good

Very

Good

Excellent

Convenience of the date and time of your appointment

Courtesy of person you spoke with

Clear explanation of the location, directions, and parking

CHECKING-IN AND WAITING

Courtesy of the staff helping you register

Efficiency of the registration process

Comfort of the waiting room

Selection of reading materials

Minutes you had to wait past your appointment time

 30+ 20-30 15-20 10-15 0-5

Communication about the reasons for any delay

DURING YOUR VISIT

Cleanliness of the exam room

Courtesy and caring of the physician treating you

Willingness of the doctor to listen to your questions

Clear explanation of the treatment process

Clear instructions for the home treatment process

ABOUT YOUR BILL

Clear explanation of the billing procedure

Ability of staff to answer questions about your insurance

Would you recommend us to others needing our services?

 Yes No

If not, why not? (Use back of form to respond)

What *one thing* most needs improvement at our office? (Use back of form to respond)