

Continued...

10. How would you rate the competence of the clinical staff that assisted you?
 Outstanding Good Adequate Needs Improvement Poor N/A

11. How would you characterize the concern our clinical staff showed for your need of treatment?
 Outstanding Good Adequate Needs Improvement Poor N/A

12. Were you able to see the health care provider of your choice? Yes No N/A

Which Health Care Provider examined you? _____

13. Did you feel our health care provider spent an adequate amount of time with you?
 Yes No N/A

14. Did you feel a thorough examination was conducted by our health care provider?
 Yes No N/A

15. Did the health care provider satisfactorily answer your questions? Yes No N/A

16. Would you recommend our facility? Yes No N/A

17. Are our office hours convenient to your lifestyle?
 Convenient Extended Evening Earlier Morning _____
Suggested Hours

18. How would you describe the appearance of our office?
 Attractive _____ Unattractive _____
Other

19. How would you describe the cleanliness of our office?
 Outstanding Good Adequate Needs Improvement Poor N/A

20. The convenience of our office location is:
 Adequate Inadequate I would like an office in: _____

21. Which of our office locations was your appointment? _____

22. Do you have any suggestions for improvement? _____

23. Please share your zip code? _____

24. Please feel free to note any additional comments you wish to share. _____

***Your Comments Will Allow Us To Improve Our Patient Services.
Thank You For Your Participation!***

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