



**Thank you for choosing Dermatology Associates of Atlanta for your surgery needs! We place great importance on making sure everyone that comes into our office leaves satisfied and would greatly appreciate it if you could fill out the following confidential survey and return it back to us by mail, email or fax shown below. Your responses will improve our ability to better serve you in the future. Again, thank you for choosing DAA!**

**Multiple Choice:** Please select the answer closest to describing your experience; if no choice properly reflects your experience or you wish to share additional comments with us, write a short description on the lines below.

**1) What was your reason for visiting Dermatology Associates of Atlanta (skin condition, cosmetic service, event, etc)?** \_\_\_\_\_

**2) Do you feel like you were fully informed during your appointment?**

a. Very informed

b. Somewhat informed

c. Somewhat uninformed

d. Uninformed

e. Comments: \_\_\_\_\_

\_\_\_\_\_

**3) Please rate your overall experience with our staff from 1 to 5 with 5 being excellent.**

a. Front Desk Staff \_\_\_\_

b. Medical Assistant/Nurse \_\_\_\_

c. Provider \_\_\_\_

e. Comments: \_\_\_\_\_

\_\_\_\_\_

The Medical Quarters, Suite 190, 5555 Peachtree Dunwoody Road NE, Atlanta, GA 30342.

Phone (404) 256-4457, Toll-Free (800) 233-0706



**4) Please list the name of your physician and how would you rate your comfort level with them on the day of your procedure? If applicable**

Provider Name: \_\_\_\_\_

a. Very comfortable

b. Somewhat comfortable

c. Somewhat uncomfortable

d. Very uncomfortable

e. Comments: \_\_\_\_\_

**5) Please list what procedure you had at Dermatology Associates of Atlanta. During or after your procedure, do you feel like every step was taken to minimize your discomfort?**

Procedure: \_\_\_\_\_

a. Yes

b. No

c. If no, why and do you have suggestions for us? \_\_\_\_\_

**6) How satisfied are you with the overall results from your appointment/treatment?**

a. Very satisfied

b. Somewhat satisfied

c. Somewhat unsatisfied

d. Unsatisfied

e. Comments: \_\_\_\_\_

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**7) Would you come back to Dermatology Associates of Atlanta and/or recommend our services to a friend?**

a. Yes

b. No

c. If No, why not? \_\_\_\_\_

\_\_\_\_\_

**Would you provide us with a testimonial?**

Patient testimonials are valuable resources in providing information for potential patients, expanding Dermatology Associates of Atlanta's client base, and improving our ability to help better serve you in the future. If you would like to share your experience, please send us a short letter or email to [marketing@dermatlanta.com](mailto:marketing@dermatlanta.com) with your story and/or comments about Dermatology Associates of Atlanta. Your assistance is greatly appreciated!

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