



**Thank you for choosing Dermatology Associates of Atlanta for your skin care needs! We place great importance on making sure everyone that comes into our office leaves satisfied, and by candidly filling out the survey below, you will help us improve our ability to better serve you in the future. Thank you for your time and your thoughtfulness!**

**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

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 \_\_\_\_

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 you would 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

Comments: \_\_\_\_\_

**5) Please list the procedure(s) 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

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

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

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 use the space below. Or, if you would like more space, send an email to [frontdeskdaa@dermatlanta.com](mailto:frontdeskdaa@dermatlanta.com) with your story and/or comments about Dermatology Associates of Atlanta. Your assistance is greatly appreciated!

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