



MEDICAL GROUP

spring of youth

VEIN & LASER CENTER * AESTHETICS CENTER

"Excellence with a human touch"

PATIENT SURVEY

PATIENT NAME _____

1. Was the staff friendly and courteous on the phone?
 Outstanding **Above Average** **Average** **Below Average** **Poor**
2. Was your appointment made in a timely manner?
 Outstanding **Above Average** **Average** **Below Average** **Poor**
3. Was your insurance or out of pocket costs explained to you prior to your first visit/procedure?
 Outstanding **Above Average** **Average** **Below Average** **Poor**
4. Was the wait time to see the physician satisfactory?
 Outstanding **Above Average** **Average** **Below Average** **Poor**
5. Were your treatment options explained to you?
 Outstanding **Above Average** **Average** **Below Average** **Poor**
6. Did the staff explain the treatment plan, pre-treatment, post-treatment procedure
 Outstanding **Above Average** **Average** **Below Average** **Poor**
7. Overall how would you rate your visit to our facility?
 Above Average **Average** **Below Average** **Poor**
8. Would you refer a friend or family member?
 Above Average **Average** **Below Average** **Poor**

Comments: _____

*The above information may be used on FaceBook and Twitter. If you **do not** want us to use the information on these websites please initial here. _____