

At which office were you seen?  
Which provider did you see?

## Patient Satisfaction Survey

We are striving to provide you with best dermatologic care possible. We would appreciate a few moments of your time to fill out this survey to assist us in making changes to provide you with outstanding medical care. Please circle the answer that most reflects your thoughts on that give question. Please answer only the questions applicable to today's visit.

How strongly do you AGREE or DISAGREE with each of the following statements?

1) Do you feel that our front office staff was welcoming and helpful?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
2) Do you feel the medical assistant that assisted you on the clinical side was professional and courteous?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
3) If you saw a mid-level provider (nurse practitioner or physician assistant), do you feel confident with their diagnosis and treatment plan?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
4) Were you satisfied with the overall care provided by the mid-level provider or Dr. Moeller?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
5) Do you feel the mid-level provider and/or Dr. Moeller answered all of your questions and concerns?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
6) If you had MOH's surgery, were you satisfied with the procedure and surgical experience provided by Dr. Moeller?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
7) Do you feel the care provided by the staff in the surgical area was professional and courteous?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
8) In MOH's surgery, were all of your questions and concerns addressed and answered?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
9) Overall, do you feel confident and satisfied about your experience today at Moeller Dermatology?	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
10) Were you satisfied with the health education and health promoted information that was offered to you? (screen recommendations, disease brochures ,etc)	<b>Strongly Agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Comments & Suggestions: _____ _____ _____ _____
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NAME OF PATIENT \_\_\_\_\_ DATE OF SERVICE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_