

Patient Satisfaction Survey

Thank you for trusting your medical care to Malverne Dermatology Associates

We are committed to providing you with the highest quality medical care backed by the most experienced staff and technical skills. To maintain our high standards we would appreciate you taking a few minutes of your time to complete this brief survey.

When completing the survey, it is important that you tell us your objective views, because your direct and candid opinions matter to us.

Thank you!

Malverne Dermatology Associates

Strongly Disagree = 1 Disagree = 2 No Opinion = 3 Agree = 4 Strongly Agree = 5

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|--|----------|
| 1. When I phoned the office I received prompt, courteous attention. | <u>5</u> |
| 2. I was scheduled to see the doctor at a time that was convenient for me. | <u>5</u> |
| 3. The reception area was neat and comfortable. | <u>5</u> |
| 4. It was obvious that instruments were sterile and surfaces disinfected. | <u>5</u> |
| 5. The staff seemed knowledgeable, informative and courteous. | <u>4</u> |
| 6. Fees charged are in line with the quality of service and degree of care provided. | <u>5</u> |
| 7. The staff was professional and helpful. | <u>5</u> |
| 8. I waited no more than 10 minutes in the reception area. | <u>4</u> |
| 9. The doctor listened carefully to me. | <u>5</u> |
| 10. The doctor spent enough time with me and was not rushed. | <u>4</u> |
| 11. The doctor explained things to me clearly in a way that I could easily understand. | <u>5</u> |
| 12. Fees were discussed with me before treatment began. | <u>5</u> |
| 13. The office hours and location are convenient. | <u>5</u> |
| 14. My experience in your office exceeded my expectations. | <u>5</u> |
| 15. I would recommend the doctor to friends and family. | <u>5</u> |
| 16. Overall experience with each: | |
| a. Front Office Staff | <u>4</u> |
| b. Appointment/Scheduling | <u>5</u> |
| c. Financial/Insurance administration | <u>5</u> |
| d. Clinical Treatment | <u>5</u> |
| e. Total office experience | <u>5</u> |

Things I like most about your medical practice: _____

Things I dislike about your medical practice: _____

If there's one thing you'd like to see us do differently, what would that be? Would like to be taken more on time

Additional comments/suggestions, ways we can create a better experience for you in our office:

You have my permission to post my comments with my initials on your website and/or social media SE

Name (Optional) Saul Epstein

Would you like to be contacted by the doctor in reference to this survey? No

For office administrative use only – Total 96 %