

# Bee Caves Dermatology Patient Satisfaction Survey

5300 Bee Caves Road Bldg. III, Suite 120 Austin, Texas 78746

Phone 512-329-6090 Fax 512-329-0125

Thank you for taking the time to fill out this survey. It will help us better serve you in the future. You may remain anonymous or include your name. Send completed forms to the office via mail, fax or drop off. Thank you again for letting us be your dermatologist!

Date of office visit \_\_\_\_\_ Today's date \_\_\_\_\_

Name \_\_\_\_\_ (leave blank if you wish)

Please rank the following    A=Excellent    B= Average    C= Poor    F= Horrible

Office Location            A            B            C            F

Parking                    A            B            C            F

Front Office

    Check In                A            B            C            F

    Check Out              A            B            C            F

    Courteous              A            B            C            F

Appointment availability    A            B            C            F

Telephone courtesy        A            B            C            F

Were we on time?         A            B            C            F

Nursing staff

    Courteous              A            B            C            F

    Informative            A            B            C            F

    Gentle with procedures A            B            C            F

Dr. Martinez

    Friendly                A            B            C            F

    Explained my diagnosis A            B            C            F

    Thorough               A            B            C            F

    Answered my questions A            B            C            F

    Knowledge             A            B            C            F

    Took enough time w/me A            B            C            F

Would you return?        Yes    No

Would you recommend us? Yes    No

How did you find us? Referral Web Site Yellow Page Drive-By Insurance list

If you were referred, whom may we thank for referring you?

Physician \_\_\_\_\_

Friend / Family \_\_\_\_\_

Other \_\_\_\_\_

Did you receive a reminder card to return for your visit? Yes No

Did you receive a phone call reminder about your appointment time? Yes No

If you had lab / biopsy were you notified promptly of your results? Yes No

Were all your questions answered? Yes No

Have you had to deal with the billing service HealthCare Solutions? Yes No

Were they helpful? Yes No

Were they courteous? Yes No

Did your bill make sense? Yes No

Did you understand how to use your medicines? Yes No

Did you receive samples? Yes No

Have you purchased cosmetic skin care products from us? Yes No

Did you understand how to use them? Yes No

Have you visited our website [www.beecavesdermatology.com](http://www.beecavesdermatology.com)? Yes No

Was it informative? Yes No

What would you suggest we do differently to make your visit better?

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What was the best thing about your visit?

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What was the worst thing about your visit?

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Thank you again for your time and for your trust in us as your dermatologist!