

We are always striving to improve. Please take a few minutes to tell us about your visit with us today.

Please write the number below that best represents your level of satisfaction with your treatment. Your ratings and comments are appreciated.

5=very satisfied • 4=satisfied • 3=neutral • 2=dissatisfied • 1=very dissatisfied

Your specialist's name: _____

1. The scheduling process went smoothly and I received a convenient appointment time _____
 2. The specialist that treated me was friendly and professional. _____
 3. The treatment room was neat and clean. _____
 4. The specialist asked me about my goals and tailored the treatment plan to fit my needs. _____
 5. The specialist educated me about my condition and explained what I could expect from the treatment. _____
 6. I am confident in my specialist's knowledge and capability to treat my condition. _____
 7. I was offered upgrades for my service(s) today. _____
 8. I was made aware of the loyalty program, package discounts, and current promotions. _____
 9. I will continue to use Healthy Complexions Spa for future treatments. _____
 10. I will recommend Healthy Complexions Spa to my friends and family. _____
 11. Overall, how would you rate your experience _____
 12. Any additional comments or recommendations for us? _____
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HEALTHY COMPLEXIONS SPA

by Western New York Dermatology

How was your visit today?

We want to know what you loved and what we could have done better.

We hope you will take a moment to share your experience.

If it is more convenient for you to fill out this survey from home, you can return this via mail or email to:

Healthy Complexions Spa
Attn: Samantha Surman
297 Spindrift Drive
Williamsville, NY 14221
ssurman@wnyderm.com

If you wish, please include your name and phone number:

Name: _____

Phone: _____

