

Patient Satisfaction Survey

1.) Do you believe Dr. Ariel Ostad and his staff are committed to the highest standard of care?

Definitely Disagree _____ Definitely Agree _____
1 2 3 4 5 6 7

2.) How important are the following characteristics of Dr. Ariel Ostad's practice?

Physician Reputation/Expertise

Unimportant _____ Very Important _____

Breadth of Procedures Offered

Unimportant _____ Very Important _____

Efficient & Effective Staff

Unimportant _____ Very Important _____

Feasibility of Payment Protocols

Unimportant _____ Very Important _____

State-of-the-Art Technology

Unimportant _____ Very Important _____

Office Aesthetics/Atmosphere

Unimportant _____ Very Important _____

Effective Products

Unimportant _____ Very Important _____

Promptness

Unimportant _____ Very Important _____

Availability

Unimportant _____ Very Important _____

3.) How would you rate the following characteristics of Dr. Ariel Ostad's practice?

Not knowledgeable	_____	Very Knowledgeable
Limited Procedures	_____	Comprehensive Procedures
Inefficient/Ineffective	_____	Very Efficient/Effective Staff
Unfeasible	_____	Very Feasible
Low-Tech	_____	High Tech
Not very pleasant	_____	Very Pleasant
Uninteresting	_____	Very Interesting
Not Prompt	_____	Very Prompt
Unavailable	_____	Very Available

4.) What was the main reason you selected the office of Dr. Ariel Ostad?

Recommended by a family or friend <input type="checkbox"/>	Google Search <input type="checkbox"/>
Physician Referral <input type="checkbox"/>	Physician notoriety (Press/Mag/TV) <input type="checkbox"/>
Location/Accessibility <input type="checkbox"/>	Website <input type="checkbox"/>
Insurance Participation Status <input type="checkbox"/>	Word-of-Mouth <input type="checkbox"/>

5.) Did your experience with our office meet your expectations? Yes No

5a.) If no, please describe what was lacking to offset your expectations:

6.) Have you seen another dermatologic cosmetic surgeon in the past? Yes No

6a.) If yes, how would you rate your overall practice experience there against ours?

Not much better _____ Much Better

7.) Would you recommend our office to a friend or family member? Yes No

7a.) If no, please tell us why not?

8.) Please tell us what you think about our website (www.arielostad.com)?

Great Content:



Strongly agree



Agree



Undecided



DisagreeStrongly



Disagree

Visually Appealing/Engaging:



Strongly agree



Agree



Undecided



DisagreeStrongly



Disagree

Excellent Design/Layout:



Strongly agree



Agree



Undecided



DisagreeStrongly



Disagree

9.) Please tell us if you were particularly impressed by any staff member (s)? Yes No

9a.) If yes, what was their name and why did their interaction with you leave a lasting impression?

Staff Name: _____

Distinctive quality: _____

Our steadfast commitment is to surpass patient expectations about the dermatologic and or cosmetic care we provide. We continuously strive for 360° total quality and rely on your feedback to catalyze changes that bring us closer to total patient satisfaction.

Thank you for participating in this short survey!

Sincerely,

Julie Bouziotis

Practice Manager