



**Post Treatment / Procedure Patient Survey**

1. Please choose/write which type of procedure(s)/treatment(s) you had at Laser Lights Cosmetic Laser Center below:

a. Laser Procedure \_\_\_\_\_

b. Microdermabrasion

c. Chemical Peel

d. Endermologie®

e. Massage

f. Other \_\_\_\_\_

2. How would you rate your comfort level with your technician on the day of your procedure/treatment?

**Please give the name of your technician:**

a. Very comfortable

b. Somewhat comfortable

c. Somewhat uncomfortable

d. Very uncomfortable

Comments: \_\_\_\_\_

3. During or after your procedure, do you feel like every step was taken to minimize your discomfort?

a. Yes

b. No

If no, why not & do you have suggestions for us? \_\_\_\_\_

4. How would you rate your overall experience with Laser Lights Cosmetic Laser Center?

a. Excellent

b. Good

c. Adequate

d. Poor

Comments: \_\_\_\_\_

5. How satisfied are you with the overall results of your procedure?

a. Very satisfied

b. Somewhat satisfied

c. Somewhat unsatisfied

d. Unsatisfied

Comments: \_\_\_\_\_

6. Would you come back to Laser Lights Cosmetic Laser Center for additional procedures and/or recommend our services to a friend?

a. Yes

b. No

If no, why not? \_\_\_\_\_

Additional Comments: \_\_\_\_\_