



Post Consultation Survey

1. What procedure are/were you interested in
- a. Laser Procedure _____
 - b. Microdermabrasion
 - c. Chemical Peel
 - d. Endermologie®
 - e. Massage
 - d. Other _____

2. How would you describe the professionalism of the person who answered your initial phone call to the office?
- a. Very professional
 - b. Adequately professional
 - c. Neither professional nor unprofessional
 - d. Unprofessional

3. How informed did you feel after your consultation? (Were your questions answered fully? Were you offered additional information?)
- a. Fully informed
 - b. Adequately informed
 - c. A little informed
 - d. Visit was not informative

4. How would you rate your laser technician during your consultation? **Please give us the name of your laser technician.** _____

Please keep in mind their ability to educate you on the procedure in question, friendliness, and professionalism.

- a. Very highly
- b. Highly
- c. Fair
- d. Poor

5. How would you rate the friendliness/helpfulness of the staff overall? (From initial phone call to the time you left the office.)

- a. Very highly
- b. Highly
- c. Fair
- d. Poor

6. How confident are you in Laser Lights' professional ability?

- a. Very confident
- b. Pretty confident; they seemed to be competent in their knowledge
- c. Somewhat confident; I would have to do more research
- d. Not confident at all

7. How did you first hear about us? If possible, please list the relevant publication, website, or ad. (i.e.- Facebook, online directory, etc.)

- a. Online _____
- b. Magazine Ad/Feature _____
- c. From a friend
- d. Other: _____

8. If you did not schedule a procedure, please state your reason below (e.g. price expectations, safety issues/questions, uncomfortable feeling, plan to schedule at a later date, etc.). Please note: the more information you can offer us, the better we can improve.

Additional comments: _____

