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National Commission on the
Certification of Physician Assistants

Date: _____

Name: _____ Address: _____

What is the best time for you to come in for your appointments. _____

May we mail information on special events and promotions? YES No

Cosmetic areas of interest to you:

- Hair Removal
- Face/Leg Veins
- Skin Tightening
- Roseca/Redness
- Scar Reduction
- Microdermabrasion
- Acne Scar Reduction
- Other please specify: _____
- Wrinkle Reduction
- Skin Rejuvenation
- Tattoo
- Sun Spots/Age Spots
- Fraxel
- Botox
- Fillers (Restylane, Juvederm, Radiesse)

What other procedures would you like us to incorporate into our office to offer you?

How did you hear about us?

My physician, please fill in name _____
 A friend or family member
(please fill in name and address so we can thank them) _____

- Website
- Yellow pages
- Article or Ad
- Seminar or other _____

How would you rate on a scale from 1-5 (1 being poor and 5 being excellent):

How well were your concerns and questions answered during your consult or treatment?	1	2	3	4	5
How informative was your cosmetic consultant about products and procedures?	1	2	3	4	5
How pleased were you with the treatment or procedure you received?	1	2	3	4	5
Do you feel that you received adequate time for your procedure?	1	2	3	4	5
How promptly was your call answered?	1	2	3	4	5
How courteous was the staff?	1	2	3	4	5
When coming in for your appointment, did you have to wait long?	1	2	3	4	5
Over all how would you rate the Skin Renewal Center of Tri-Cities Skin & Cancer?	1	2	3	4	5

*****After completing form, please give to receptionist or mail back in envelope provided*****