

Dermatology Consultation Feedback Survey

Dear [Patient's Name],

Thank you for visiting our dermatology clinic. We value your feedback to improve our services. Please take a few moments to complete this survey regarding your recent consultation.

Survey Questions:

How satisfied were you with your consultation?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

How would you rate the communication with your dermatologist?

Excellent

Good

Average

Poor

Would you recommend our clinic to others?

Yes

No

Additional Comments:

Your feedback is important to us and will help enhance our patient care. Thank you for your time!

Sincerely,

[Clinic Name]

[Contact Information]