



THE GRIFFIN CENTER
OF HAIR RESTORATION & RESEARCH

Thank you for choosing Dr. Edmond Griffin and The Griffin center of Hair Restoration & Research for your surgery needs! We place great importance on making sure everyone that comes into our office leaves satisfied and would greatly appreciate it if you could fill out the following confidential survey and return it back to us by mail, email or fax shown below. Your responses will improve our ability to better serve you in the future. Again, thank you for choosing Dr. Edmond Griffin!

Multiple Choice: *Please select the answer closest to describing your experience; if no choice properly reflects your experience or you wish to share additional comments with us, write a short description on the lines below.*

- 1) Do you feel like you were fully informed during your pre-operative appointment? (Do you feel like you were fully informed during your initial consultation?)
 - a. Very informed
 - b. Somewhat informed
 - c. Somewhat uninformed
 - d. Uninformed
 - e. Comments: _____

- 2) Please rate your overall experience with our staff.
 - a. Excellent
 - b. Good
 - c. Adequate
 - d. Poor
 - e. Comments: _____

- 3) How would you rate your comfort level with Dr. Griffin on the day of your surgical procedure?
 - a. Very comfortable
 - b. Somewhat comfortable
 - c. Somewhat uncomfortable
 - d. Very uncomfortable
 - e. Comments: _____

- 4) During or after your procedure, do you feel like every step was taken to minimize your discomfort and/or post-operative pain?
 - a. Yes
 - b. No
 - c. If No, why not & do you have suggestions for us?



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- 5) How would you rate your overall experience with The Griffin Center?
- a. Excellent
 - b. Good
 - c. Adequate
 - d. Poor
 - e. Comments: _____

- 6) How satisfied are you with the overall results of your procedure?
- a. Very satisfied
 - b. Somewhat satisfied
 - c. Somewhat unsatisfied
 - d. Unsatisfied
 - e. Comments: _____

- 7) Would you come back to The Griffin Center for additional procedures if necessary and/or recommend our services to a friend?
- a. Yes
 - b. No
 - c. If No, why not? _____

Would you provide us with a testimonial?

Patient testimonials are valuable resources in providing information for potential patients, expanding The Griffin Center of Hair Restoration and Research's client base, and improving our ability to help better serve you in the future. If you would like to share your experience, please send us a short letter or email to marketing@dermatlanta.com with your story and/or comments about The Griffin Center of Hair Restoration and Research. Your assistance is greatly appreciated!