

Patient Survey

We want to offer you the best service possible. If you would take a moment and rate our service we would appreciate it. At the end of the survey is a place for your comments. Feel free to make suggestions, share a dissatisfaction or a compliment to one or all of the team. Just slip this survey in the enclosed self-addressed stamped envelope. We appreciate you and thank you for choosing us as your dental health care provider.

On a scale from 1-5, 5 being excellent and 1 being poor, how would you rate the following areas of our practice?

1. Were you greeted on the phone by a friendly team member?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

2. When you came into our office how would you rate the reception you received from our front office team?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

3. How was the overall cleanliness of our office?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

4. Did you find the dentist informative, helpful and willing to listen to your concerns and wishes?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

5. Did you find our hygienists informative and helpful?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

6. Did you find the dental assistant friendly and helpful?

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

7. If you were diagnosed with treatment and did not schedule was it because of:

Money _____ Anxiety _____ Busy Schedule _____ (Check One)

8. Were you offered payment plans as an option for paying for your treatment? If you have insurance this would apply to your portion.

Yes _____ No _____ (Check One)

Your Comments are appreciated: _____

The highest compliment a dentist can receive is when a patient refers their friends and family. We thank you in advance for your referrals.