

PATIENT SATISFACTION SURVEY

PLEASE HELP US TO IMPROVE OUR PRACTICE

WAS THE WAITING ROOM CLEAN AND NEAT? ___ Y ___ N

WAS THE REST ROOM CLEAN AND NEAT? ___ Y ___ N

PROVIDING YOU WERE ON TIME FOR YOU APPOINTMENT, DID YOU WAIT LONGER THAN 15 MUNUTES TO BE SEEN? ___ Y ___ N

AS A NEW PATIENT, WERE YOUR ENTIRE DENTAL CONCERNS AND QUESTIONS ANSWERED? ___ Y ___ N

DID THE DENTAL STAFF SEEM COURTEOUS, PROFESSIONAL AND TREAT YOU WITH RESPECT?

1. RECEPTIONIST ___ Y ___ N

2. CLINICAL ASSISTANT ___ Y ___ N

3. DOCTOR ___ Y ___ N

AS A NEW PATIENT TO OUR PRACTICE, WERE YOU GIVEN EDUCATIONAL INFORMATION PRIOR TO THE APPOINTMENT WHICH INCLUDED DENTAL FORMS, MAP TO THE OFFICE AND THE DATE AND TIME OF YOUR APPOINTMENT? ___ Y ___ N

HOW WOULD YOU DESCRIBE YOUR VISIT TO OUR PRACTICE TODAY?

1. COURTESY OF STAFF----GREAT GOOD FAIR POOR

2. TIMELINESS OF SERVICE----GREAT GOOD FAIR POOR

3. CONFIDENCE OF PROVIDER----GREAT GOOD FAIR POOR

4. CLEANINESS OF PRACTICE----GREAT GOOD FAIR POOR

5. PROFESSIONALISM OF STAFF ----GREAT GOOD FAIR POOR

OVERALL HOW WOULD YOU RATE THE CARE YOU RECEIVED TODAY?

VERY GOOD GOOD AVERAGE POOR

COMMENTS AND SUGGESTIONS:

Optional

Name: _____