Name (optional):

We are committed to the continual improvement in the care we give our patients. Your response to the following questions will let us know how we can serve all our patients better. Each of the eight questions below can be measured on a scale from 1 to 5…an answer of "1" representing the least and an answer of "5" representing the most. CIRCLE the number that most accurately represents your response. Thank you!

1. I was seen on time.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

2. I felt the doctor and team listened and understood my dental concerns.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

3. My concerns (if any) were addressed to my satisfaction.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

4. I felt that everyone was concerned about my total well being as a person, not just my dental condition.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

5. I feel I understand the treatment prescribed and all of my questions were answered to my satisfaction.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

6. Please rate the overall courtesy and friendliness of the doctor and the dental team.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

7. Please rate your overall comfort level in the office.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

8. I would recommend this office to others.

Needs Improvement		*Good*		*Exceptional*
1	2	3	4	5

Additional Comments: _____

_____

_____

_____

Submit

Thank you for your participation!