

PATIENT SATISFACTION SURVEY

Are you satisfied with the dental care you are receiving at our office?

YES ___

NO ___ Explain Why _____

Did you have trouble scheduling this appointment for when you wanted it?

YES ___ Explain Why _____

No ___

Were the Doctor's and Staff caring and compassionate?

YES ___

NO ___ Explain Why _____

Rate your wait for this appointment to begin once you arrived - -
1 being 'No Wait', 5 being 'Some Wait' 10 being 'Long Wait'

1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Rate the helpfulness of our staff members - -

1 being 'Not Helpful', 5 being 'A Little Helpful' 10 being 'Very Helpful'

Receptionist: 1 -- 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Comments: _____

Financial Coordinator: 1 -- 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Comments: _____

Which Hygienist did you see? _____

Please rate her: 1 -- 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Comments: _____

Which Doctor did you see? _____

Please rate him: 1 -- 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

Comments: _____

Would you refer a friend or family member to our practice?

YES ___

NO ___ Explain Why _____

What do you like best about our practice? _____

What are we doing especially well? _____

What can we do to improve? _____

If you would like for us to know the name of the person completing this survey,
please complete the following, otherwise, you remain completely anonymous:

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

