



PATIENT SATISFACTION SURVEY

In order to find out how we are meeting your needs, we are asking our patients a few questions about the care they have received. Please be honest in your answers. Your comments will be held in strict confidence and you do not have to sign your name unless you want to. We plan to use your suggestions to make our service to you and your family even better. Thank you for your comments.

Please complete items 1-4 to describe yourself:

- 1. Age 18-25 26-40 41-55
2. Gender Male Female
3. The number of visits I have made to the office in the past year is: 1 2 3 4 5 or more
4. My treatment completed OR My child's treatment was not completed

The list below includes statements about the care you received at our office. Please place a check mark under the column to indicate whether you agree, disagree or are not sure about each one. Please explain the ones you disagree with next to "Comments".

Agree Unsure Disagree

Appointments

- It was easy to make my first appointment.
• The appointment coordinator was polite and helpful.
• I received a reminder of each of my appointments.
• It was easy to schedule a convenient appointment.
• Appointment options were given the suited my schedule.
• I was seen on time for my appointments; if not, I was given a reason for the delay.

Comments:

Facilities

- The office location and parking were convenient.
• The reception area was neat and clean.
• The equipment was clean and presentable.
• The temperature in the office was comfortable.
• The lighting in the office was sufficient.
• The music in the office was pleasant.

Comments:

Staff

- The dentist was professional and courteous.
• The dental hygienist was professional and courteous.
• The dental assistant was professional and courteous.
• The dentist was considerate and sensitive to my needs.
• The dental hygienist was considerate and sensitive to my needs.
• The dental assistant was considerate and sensitive to my needs.
• Other office personnel were courteous and helpful.

Comments:

Treatment

- My proposed dental treatment was clearly explained.
• Any questions I had were answered.
• I was given treatment alternatives.
• My dental treatment was completed efficiently and in a timely manner.
• I was pleased with the quality of my dental treatment.
• The dental treatment was completed to my satisfaction.
• The fees were explained prior to my treatment appointment.
• The fees for service were fair.
• I plan to remain a patient at this office.

Comments:

What I liked best about the office was:

What I liked least about the office was:

In what way(s) could we have made your experience better?

Name (optional)

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