



Patient Satisfaction Survey

Please apply your answers to your most recent dental experience with us.

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| When speaking to our office staff by phone, did you receive courteous attention? | YES | NO |
| Upon your arrival to our office, were you greeted in a friendly and professional manner? | YES | NO |
| Were you seen at, or within five minutes, of your appointment time? | YES | NO |
| Did the dentist and/or hygienist explain your treatment and answer your questions? | YES | NO |
| Were your billing questions and financial options explained to you? | YES | NO |
| Did you feel the office was clean and professional? | YES | NO |
| Overall, were you happy with your dental experience with us? | YES | NO |
| Are you likely to refer a friend or family member to our office? | YES | NO |

We would greatly appreciate your comments and additional information regarding any "no" answers above):

Thank you so much for your time!