



**Patient Satisfaction Survey**

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

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):

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*Thank you so much for your time!*