

## Patient Survey Questionnaire

Dear Patients,

We need your input on how we can better serve you. Your feedback on this questionnaire will tell us what you know about our practice. You do not need to put your name on the questionnaire to ensure confidentiality.

	Consistently	Sometimes	Never
When you telephoned to make an appointment, the staff members was courteous and helpful in finding a suitable time?			
Upon arrival, were you greeted in a friendly manner and made to feel comfortable?			
Were you seated by your appointment time or advised of any delays?			
Did the dentist/hygienist take the time to listen to and understand your concerns?			
Did the dentist/hygienist take the time to adequately explain the treatment plan and answer your questions?			
Did you feel that you understood the prescribed treatment and all of your questions were answered to your satisfaction?			
Upon receiving your bill for the services redeemed was the amount clearly described?			
If you had a concern during your last visit, do you think it was properly handled by the staff?			

During your last visit, did you feel that the staff was concerned about your overall well being as a person and not just your dental condition?			
Are you comfortable with the level of technology used in the office?			

Using the rating of 1 to 5, with 5 being the highest score how do you rate our office?	1	2	3	4	5
--	---	---	---	---	---

	Yes	No
Are you aware that we are accepting new patients?		
Is there anything you would like to change about your smile?		
Would you be interested in a free cosmetic consultation with the doctor?		
Would you like to refer a friend or family member to our office?		

**Suggestions for Improvement**

We are always striving to improve our services. Your comments are important to us. How may we serve you better?

---



---



---



---



---



---

Thank you for taking the time.