

CLIENT SURVEY

Our mission is to maintain a dedicated, caring and knowledgeable team committed to providing exceptional service and Dental Health Care. We strive toward this excellence through continuing education, technical advances and compassionate care for all our patients.

You can help us reach and maintain this level of service by sharing your dental needs and expectations. By completing this patient survey, you will be a part of our team meetings and be assured that your comments will be discussed and acted upon. Thank you for your time and effort.

(Please Note: Your privacy is 100% assured.)

How Did You Choose our Practice?

- A friend or relative recommended the practice
- I drove by and saw your Dental sign
- I saw the practice in the Yellow Pages
- Found you through the Search Engines

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other:

Your Telephone Experience:

- My call was answered promptly
- It was easy to make an appointment
- I was referred to the practice website to get necessary forms ahead of time
- I was placed on hold too long
- I was offered to be called back if needed
- I did not phone

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Front Receptionist (Over the Phone):

- Friendly and attentive
- Courteous
- Informative

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Schedule Coordinator (In Person):

- Stood and greeted me
- Aware of purpose of visit
- Seemed warm and cheerful
- Gave me undivided attention
- Seemed hospitable
- Answered all my questions

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Greeting Area:

- Comfortable
- Neat & Clean
- Countertops free from clutter
- Retail displays are well organized
- Child-friendly

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Parking Lot/Grounds:

- Clean
- I found a parking spot with ease

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Your Impression of our Website

- I visited the website
- I found the website to be helpful & resourceful
- I printed out any necessary forms ahead of time
- I registered to be a member and/or to receive free newsletters

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Your Impression of our Hygienist:		
Greeted me with warmth	<input type="checkbox"/>	<input type="checkbox"/>
Seemed proficient and knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>
Gave me the information I needed	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Your Impression of our Hygienist:		
Greeted me with warmth	<input type="checkbox"/>	<input type="checkbox"/>
Seemed proficient and knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>
Gave me the information I needed	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Your Impression of our Dentist:		
Introduced himself/herself	<input type="checkbox"/>	<input type="checkbox"/>
Listened to what I said	<input type="checkbox"/>	<input type="checkbox"/>
Answered all my questions	<input type="checkbox"/>	<input type="checkbox"/>
Behaved professional in manner and appearance	<input type="checkbox"/>	<input type="checkbox"/>
Seemed proficient and knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>
Made me feel valued	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Additional Questions:		
Was your waiting time reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel the fees were reasonable?	<input type="checkbox"/>	<input type="checkbox"/>
Did you understand all our fees?	<input type="checkbox"/>	<input type="checkbox"/>
If you marked "No" please explain.	<input type="checkbox"/>	<input type="checkbox"/>

Would you provide us with a testimonial about your experience? If yes, please use the space below.

What suggestions do you have for improving the office, staff or procedures?

If you would like us to contact you, please fill out the necessary information.

Name:

Email:

Phone: