

Patient Satisfaction Questionnaire

Please complete the following questionnaire as this will assist us in continuing to provide you with the highest standard of dental care.

Patient:

1. Our Office Appearance
 - Excellent
 - Very Good
 - Satisfactory
 - Unsatisfactory

2. Availability of Appointment
 - Excellent
 - Very Good
 - Satisfactory
 - Unsatisfactory

3. Promptness to be Seated
 - Excellent
 - Very Good
 - Satisfactory
 - Unsatisfactory

4. Courtesy of Staff
 - Excellent
 - Very Good
 - Satisfactory
 - Unsatisfactory

5. Level of Help and Putting You at Ease
 - Excellent
 - Very Good
 - Satisfactory
 - Unsatisfactory

6. Understanding of Your Dental Health
 - Excellent
 - Very Good
 - Satisfactory
 - Unsatisfactory

7. Explanation of Treatment Plans
 - Excellent
 - Very Good
 - Satisfactory
 - Unsatisfactory

8. Explanation of Financial Options

- Excellent
- Very Good
- Satisfactory
- Unsatisfactory

9. Doctor's Professional Attitude

- Excellent
- Very Good
- Satisfactory
- Unsatisfactory

10. Did Your Treatment Meet with Your Satisfaction

- Excellent
- Very Good
- Satisfactory
- Unsatisfactory

11. Overall visit satisfaction

- Excellent
- Very Good
- Satisfactory
- Unsatisfactory

12. Would You Refer a Family or Friend to Us?

- Yes
- May be
- No

13. Please comment on things you would change, new services you would like us to offer, and other suggestions on how we can make you more comfortable. Comment:

14. Please let us know if you have a highly positive or highly negative experience with any of our staff. Comment:

Name (Optional): _____

Thank you for taking the time to provide us with your feedback. We truly appreciate it!