



We appreciate you taking the time to complete our survey. Please feel free to comment on your visit as well. Any comments you choose to make are kept strictly confidential and can only help us become better. Please print this and bring it into your next appointment with you.

Patient name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

How would you rate your overall visit?

Excellent Very Good Average Not so good

When your appointment was over, did you have a good understanding of your dental situation?

Yes Not really I wish I knew more about my situation

Were your financial options explained to you?

Yes No I already understand my financial options

Did you have to wait over 15 minutes past your appointment time to be seated? If so, how long?

No 15 to 30 minutes 30 to 45 minutes Over 45 minutes

Did the staff greet you properly?

Yes Not really I don't recall

Would you refer your friends and family to us?

Yes No I'm not sure

Please comment on how we could make your visit better, new services you would like to see, or other ways we can make you feel more comfortable.

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