



# Satisfaction Survey

Please fill out this form and include your contact information so that we may contact you to address any outstanding issues.

Office Location: \_\_\_\_\_

Name:

Address:

Email:

Phone:

Preferred Method of Contact

(1 =Never, 2=Sometimes, 3=Frequently, 4=Almost always 5=Always)

1. You received courteous and prompt attention when you phoned our office.

1      2      3      4      5

2. You received courteous and prompt attention when you arrived in our office.

1      2      3      4      5

3. When waiting for treatment, did you (or the patient) feel well taken care of by our staff?

1      2      3      4      5

4. You find our office staff knowledgeable and experienced in your dental treatment.

1      2      3      4      5

5. You (or the patient) were comfortable during your dental procedure.

1      2      3      4      5

6. Your concerns or questions were treated seriously and answered.

1      2      3      4      5

7. Each appointment occurred in a timely manner and the waiting time was acceptable.

1      2      3      4      5

8. Each step of treatment was thoroughly explained and you were updated on the treatment progress.

1      2      3      4      5

Please comment on any areas that you feel that we could improve

Please tell us what you like best about our office and our staff