

Expectations

Exceeded	Met	Below	Does Not Apply
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■ Our People . . .

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| were courteous on the phone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| gave you a friendly greeting upon arrival | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| were helpful | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| provided thorough explanations on your progress during and after treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| looked professional in appearance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, how did our staff perform? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

■ Quality Care And Service . . .

How well did our staff provide you with quality service in these areas?

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| reception area and front desk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| explanation of financial arrangement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| care by the doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| care by the dental team | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, how would you rate our care and service? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Expectations

Exceeded	Met	Below	Does Not Apply
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■ Our Office . . .

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| scheduled an appointment for you within a reasonable amount of time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| delivered prompt service by the doctor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Offered a comfortable, clean reception area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall, how would you rate the office efficiency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

■ We Would Also Like To Know More About You . . .

What is the gender of the patient?

- Male Female

What is your relationship to this office?

- Patient Parent of Patient

What is the age group of the patient?

- Under 18 18-35 36-55 Over 55 Years of Age

How long have you been coming to our office?

- 1st Visit Less Than Three Months 3-12 Months 1-5 Years

Would you recommend our office to others?

- Definitely Would Definitely Would Not Uncertain

Thank You!

We welcome your comments regarding your general impression of our people and office. Please comment below.

Did anyone provide you with outstanding service? Yes No

Name(s) _____

I was especially pleased with _____

You need to improve _____

If you have additional comments and would like to be contacted by a member of our staff, please write your name and telephone number in the space provided.

Name _____ Phone # _____