## Patient Satisfaction Survey

**YOUR OPINION COUNTS!** We want to know how you feel about our services because we want to ensure we are meeting your needs. Your responses to the areas listed below will have a direct impact on improving our practice. Please know all responses will be kept confidential and anonymous. Thank you for your time.

Facility	GREAT 5	G00D 4	0K 3	FAIR 2	POOR 1
Access to building					·
Ease of finding where to go within the practice					
General cleanliness of building					
<u> </u>					
Comfort and safety while waiting					
Staff					
Listens to what you are saying					
Takes enough time with you					
Provides an explanation to what you want to know					
Gives you good treatment					
Friendly and helpful					
Answers your questions					
Ease & Convenience Getting Care					
Hours dental office is open					
Ability to get in to be seen					
Time in waiting area					
Time waiting in dental chair					
Payment					
Explanation is provided for charges					
Financial options are presented					



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Confidentiality	GREAT 5	G00D 4	0K 3	FAIR 2	POOR 1
Keeping my personal information private					
Privacy when discussing financial issues					
The likelihood of referring your friends and relatives to us					
Do you consider this practice your regular source of dental care					

'hat do you like best about our practice?	
'hat do you like least about our dental practice?	
aggestions for improvement	

## - Thank you for completing our survey! -



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