

Smilematters

PATIENT FACT SHEET

How Does Our Office Rate?

We value your opinion! Please take a moment to answer the following questions to help us serve you better. All surveys are completely confidential; please do not sign this form.

Please rate your experiences with our office. (Please circle your answer.)

- Whenever I phone the dentist's office I receive prompt, courteous attention. Yes No
- The office staff is friendly and courteous. . . . Yes No
- The dentist listens carefully to me. Yes No
- The dentist and staff are professional. Yes No
- I usually have to wait too long once I arrive at the office. Yes No
- If yes, please tell us how long you waited: _____*
- Did anyone explain the reason for the delay? Yes No*
- It's easy to find parking close to the office. Yes No
- The office hours are convenient. Yes No
- The office and exam rooms are clean. Yes No
- The reception area is comfortable. Yes No
- The dentist always discusses my treatment with me before it begins. Yes No
- Treatment fees and payment are discussed clearly. Yes No
- The dentist and team have taught me a lot about taking care of my oral health. Yes No
- I am satisfied with the care I receive at the dental office. Yes No
- My questions/concerns are taken care of in a timely manner. Yes No
- I would refer family/friends to this office. . . . Yes No

How did you find out about our practice? (Please circle your answer.)

- Referred by friend or family member
- Yellow Pages
- Newspaper
- Direct Mail
- Office Sign
- HMO, PPO, or other managed care referral
- Other: _____

How long have you been a patient of our practice? (Please circle your answer.)

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21 or more years

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.

Thank you for your time!

