Patient Service Questionnaire

Kakouras Family Dentistry
Tommy Kakouras, DMD
Melissa Helms-Kakouras, DDS
11020 South Tryon Street, Suite 401
Charlotte, NC 28273

Our office strives to consistently provide our patients with exceptional care. We feel it is important to monitor our services with feedback from our patients. Your complete honestly would be greatly appreciated.

Who did you see during your last dental visit? Dentist only Hygienist Both

1. When you called our office did you receive the courteous attention you expected? **Y N**

   If no, please explain. _____

2. Were you able to get an appointment in a timely manner? **Y N**

   If no, please explain. _____

3. Upon your arrival, were you greeted in a friendly and professional manner? **Y N**

   If no, please explain. _____

4. Did you have to wait past your appointment time to be seated? **Y N**

   If yes, how long? 1-5 min. 5-10 min. 15-20 min. Over 20 min.

5. Were you treated courteously and professionally by our staff? **Y N**

   If no, please explain. _____

Please circle the number on a scale of 1 to 5 with "5" being the highest and "1" being the lowest.

6. If you had questions about your treatment, were they answered completely? 5 4 3 2 1
7. Were your billing questions and financial options explained to you? 5 4 3 2 1
8. How was the overall quality of care and services you received? 5 4 3 2 1
9. How was the thoroughness of the treatment you received? 5 4 3 2 1
10. Do you feel the office is clean and professional? 5 4 3 2 1
11. What overall rating would you give our office? 5 4 3 2 1
12. How likely would you be to refer a friend or family member to our office? 5 4 3 2 1
13. May we use your positive review to tell other potential patients of your satisfaction with our office? **Y N**

Comments or suggestions for improvements in our office:

_____

_____

_____