

PATIENT FEEDBACK FORM

Please take a minute to answer these questions. We appreciate your feedback and will use the information to further assist you. Thank you for your time.

1. How has your dental care at this office been going for you?

2. Regarding your care so far, are you: ___ very happy with your care
 ___ satisfied with your care
 ___ unsatisfied with your care
 ___ unhappy with your care

3. On a scale of 1 to 10, please rate the front desk receptionist (1 being poor, 10 being excellent)

Friendly___ Helpful___ Knowledgeable___ Professional___ Efficient___

4. On a scale of 1 to 10, please rate the Doctor's assistant

Friendly___ Helpful___ Knowledgeable___ Professional___ Efficient___

5. On a scale of 1 to 10, please rate Doctor Rockey

Friendly___ Helpful___ Knowledgeable___ Professional___ Efficient___

Caring___ Showing the cause of the pain or problem___ Explaining the treatment___

6. Practice Overall: On a scale of 1 to 10, please rate the following:

Convenient location___ Office parking___ Staff members appearance___

Doctor appearance___ Attractive/comfortable office___

7. Do you have any problems or concerns regarding your care that we have not addressed?