

# DENTAL IMPLANTS CENTER OF SOUTH BAY

Dr. J.E. Arce, D.D.S., Inc.

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## We care and we would really like to hear from you!

(Feel free to fill this out and leave in the *front* desk upon finishing your appointment)

	<u>Excellent</u>	<u>Very Good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
1. <b>Office environment</b> (cleanliness, comfort, lighting, temperature)	5	4	3	2	1
2. <b>Office friendliness</b> (friendliness and courtesy of the office staff)	5	4	3	2	1
3. <b>Did the provider spend enough time with you during your visit?</b>	5	4	3	2	1
4. <b>Did the provider listen to your explanations and questions carefully?</b>	5	4	3	2	1
5. <b>Did the provider answer your questions thoroughly and properly?</b>	5	4	3	2	1
6. <b>What is the degree of trust you have in the provider you saw?</b>	5	4	3	2	1
7. <b>How would you rate your overall experience with your visit today?</b>	5	4	3	2	1
8. <b>How likely are you to recommend the services of this provider to your family and friends?</b>	5	4	3	2	1

**Additional Comments:**

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