

## SURVEY

Thank you so much for agreeing to complete our survey. We value your feedback in our ongoing practice evaluation process. Our goal is to make each patient experience a good one.

Please indicate 1-5 for each question, 1 being Poor and 5 being Excellent.

You may leave your name if you wish to do so and, once again, thank you.

\_\_\_ With the initial phone call to schedule an appointment, how well did our staff direct you to our website to download patient forms for pre-appointment completion?

\_\_\_ How courteous was our staff on the phone?

\_\_\_ How well did our staff answer your questions on the phone when scheduling your appointment?

\_\_\_ How well did our staff strive to schedule your appointment to correspond to your time needs?

\_\_\_ Were you greeted promptly upon entering our office?

\_\_\_ How well were your questions answered in the reception area?

\_\_\_ Were you seated in the clinical area at or before your scheduled appointment time?

\_\_\_ How well did the doctors and assistants explain your procedure before and after clinical treatment?

\_\_\_ Following your procedure, were you checked out in the reception area promptly?

\_\_\_ Were you given a written copy of the Post-Op Instructions?

\_\_\_ Were you reminded to return to your General Dentist for a permanent restoration following endodontic treatment?

\_\_\_ Were your financial questions answered?

Name (optional) \_\_\_\_\_