



Patient Survey

We appreciate you taking the time to complete our survey in order to help us serve you better. Please feel free to leave any comments you have about our practice as well. Any comments you choose to make are kept strictly confidential and can only help us to serve you better in the future.

| Front Office | Agree | | Unsure | | Disagree |
|--|--------------|---|---------------|---|-----------------|
| 1. The office manager was polite and helpful | 1 | 2 | 3 | 4 | 5 |
| 2. It was easy to schedule a convenient appointment | 1 | 2 | 3 | 4 | 5 |
| 3. My financial questions were answered satisfactorily | 1 | 2 | 3 | 4 | 5 |

| Dental Staff | Agree | | Unsure | | Disagree |
|---|--------------|---|---------------|---|-----------------|
| 1. The dental staff was professional and courteous | 1 | 2 | 3 | 4 | 5 |
| 2. My proposed dental treatment was clearly explained | 1 | 2 | 3 | 4 | 5 |
| 3. The dental treatment was completed to my satisfaction | 1 | 2 | 3 | 4 | 5 |
| 4. I was happy with the quality of care provided by staff | 1 | 2 | 3 | 4 | 5 |

| Facilities | Agree | | Unsure | | Disagree |
|--|--------------|---|---------------|---|-----------------|
| 1. The look and feel of the office was pleasing | 1 | 2 | 3 | 4 | 5 |
| 2. The office location and parking were convenient | 1 | 2 | 3 | 4 | 5 |
| 3. The office and restrooms were neat and clean | 1 | 2 | 3 | 4 | 5 |

| Overall | Agree | | Unsure | | Disagree |
|--|--------------|---|---------------|---|-----------------|
| 1. I was completely satisfied with my overall visit | 1 | 2 | 3 | 4 | 5 |
| 2. I plan to remain a patient at Dr. Richardson's office | 1 | 2 | 3 | 4 | 5 |
| 3. I would refer my family and friends to Dr. Richardson | 1 | 2 | 3 | 4 | 5 |

Please comment on how we can make your dental experience a better one:

Name (Optional) _____

Thank you for helping us serve you better!