



Dear Patients, Parents, and Friends,

We value you as a patient in our office. It is an honor for us to have the responsibility to participate in your oral health. There have been many exciting changes taking place in our office, and we would value your feedback. Your comfort and satisfaction is very important to us and we would appreciate it if you could take a minute to complete the attached questionnaire.

The information that you give will be completely confidential and we hope it will provide a good opportunity for you to assess the services that you have received in our office. Feel free to call, email, or come by the office anytime to voice your opinions or concerns.

Thank you for allowing us to provide dental services and for your help with this survey.

Sincerely,

James T. Voorhees, D.D.S.

Your comfort and satisfaction is extremely important to us! In order to continuously improve and provide the best care, we would love to hear your opinions. Thank you very much for your help!

E= Excellent

S= Satisfactory

N= Needs Improvement

- | | | | |
|--|-----|----|---|
| 1. Your overall experience at our office | E | S | N |
| 2. Telephone communication | E | S | N |
| 3. Written communication | E | S | N |
| 4. Explanation of treatment procedures | E | S | N |
| 5. Respect for your time | E | S | N |
| 6. Courteousness and concern of Front Office | E | S | N |
| 7. Courteousness and concern of Hygienists | E | S | N |
| 8. Hygienists' professionalism and gentleness | E | S | N |
| 9. Courteousness and concern of Doctor | E | S | N |
| 10. Doctor's professionalism and gentleness | E | S | N |
| 11. Comfort of reception area | E | S | N |
| 12. Comfort of treatment area | E | S | N |
| 13. Overall cleanliness of office | E | S | N |
| 14. Our responsiveness to problems | E | S | N |
| 15. On a scale of 1-10, how satisfied are you with our office? _____ | | | |
| 16. Would you recommend our office? | YES | NO | |
| 17. Comments or suggestions on ways we could improve: | | | |

OPTIONAL:

Patient Name _____

Name of person completing this survey _____

Phone Number _____