

PATIENT SATISFACTION SURVEY

For Doctors Lori Thornhill & Jackie Rodgers

We value you and your opinion of our dental practice. For this reason, we are giving you an opportunity to share your feedback with us. We have contracted with an independent firm to help us evaluate our services via this patient satisfaction survey. It would be most helpful if you would complete this confidential questionnaire and return it in the enclosed postage-free envelope. Thank you for your participation!

Please rate the treatment and customer service you've received in our office. Circle the number that best describes your experience. If a question does not apply to your situation, simply skip it and go to the next.

A. YOUR APPOINTMENT	EXCELLENT	GOOD	FAIR	POOR
1. Date and Time of Appointment	4	3	2	1
2. Front desk team was courteous and helpful	4	3	2	1
3. Length of wait in the reception area	4	3	2	1
4. Payment options clearly defined	4	3	2	1
5. Comments:				

B. YOUR TREATMENT	EXCELLENT	GOOD	FAIR	POOR
1. Explanation of treatment options	4	3	2	1
2. Amount of time the dentist spent with you	4	3	2	1
3. Satisfactory answers to your questions	4	3	2	1
4. Friendliness / Professionalism of dental team	4	3	2	1
5. Understanding the need for recommended treatment	4	3	2	1
6. Outcome of your treatment	4	3	2	1
7. Comments:				

C. OVERALL ASSESSMENT	EXCELLENT	GOOD	FAIR	POOR
1. Cleanliness and comfort of reception area	4	3	2	1
2. Cleanliness and comfort of treatment area	4	3	2	1
3. Use of modern equipment and technology	4	3	2	1
4. Feeling valued as an important patient	4	3	2	1
5. Likelihood of recommending this practice to others	4	3	2	1
6. Overall rating of the dentist	4	3	2	1
7. Overall rating of the dental team	4	3	2	1
8. Comments:				

Your reason(s) for choosing our office: (check all that apply) –

- ☐ Specialist Referral ☐ Location ☐ Advertising ☐ Patient Referral ☐ Reputation
☐ Other _____

You may provide your answers to these questions anonymously, but if you choose, list your name and phone number below.

Thank you for taking time to help us improve our office!

NAME: _____ PHONE: _____

YOU MAY INCLUDE ANY ADDITIONAL COMMENTS ON THE OTHER SIDE OF THIS SURVEY