



Patient Survey

Background Questions:

Please Circle the SERVICES YOU RECEIVED in the past 12 months

<input type="checkbox"/> Dental Hygiene	<input type="checkbox"/> Emergency Care	<input type="checkbox"/> Dentures	<input type="checkbox"/> Teeth Whitening	<input type="checkbox"/> Tooth Extraction
<input type="checkbox"/> Sealants	<input type="checkbox"/> Composite Filling	<input type="checkbox"/> Root Canals	<input type="checkbox"/> Porcelain Veneers	<input type="checkbox"/> Implants
<input type="checkbox"/> Fluoride Tx	<input type="checkbox"/> Porcelain Crowns	<input type="checkbox"/> Braces	<input type="checkbox"/> Bridges	<input type="checkbox"/> Gum Treatment

Date of Visit: _____

Time of Visit: _____

- | | | |
|---------------------------------------------------------|-----|----|
| Did you see the hygienist on every visit? | YES | NO |
| Was your chief complaint addressed? | YES | NO |
| Did someone review your medical history? | YES | NO |
| Did you experience a relatively short waiting time? | YES | NO |
| Were you educated about the types of services we offer? | YES | NO |
| Were you in any discomfort during your treatment? | YES | NO |

Main source of Payment: Self Pay Private Insurance Preferred Provider

Rate the following Questions:

	Very Poor	Poor	Fair	Good	Very Good
1. Comfort of the Reception Area					
2. Cleanliness of the Dental Practice					
3. Dental Equipment and Technology					
4. Receptionist's concern for your needs					
5. Friendliness of the Dental Assistant					
6. Hygienist attentive to your needs					
7. Your chief concerns addressed by your doctor					
8. Treatment plan options provided to suit your needs					
9. Variety of payment options presented					
10. Likelihood to share your positive experiences with friends / family					
11. Thoroughness in the examination					
12. Accessibility of obtaining appointment from time of initial call					
13. Ease with which you were able to schedule an appointment					
14. Availability of dental practice hours					
15. Appointment timeliness					
16. Dental team working well together to create positive experience for you and your family					
17. Overall rating of dental care provided					
18. Education provided by hygienist on oral health					
19. Professionalism of the hygienist					