Survey for Parent of a New Patient

It was a pleasure to meet you and your child at your recent first appointment. We appreciate the opportunity to provide dental care for your youngster, and we look forward to years of close association as we work together to safeguard you child's dental health and beautiful smile.

We want to be certain we anticipate, meet, and even surpass your expectations, needs, and preferences. Your answers to the following questions will allow us to do so.

The finest compliment you as the parent of a patient can pay our practice is the referral of your family and friends. We will appreciate your recommendation of our services to others.

Thank you.

My primary concern about the condition of my child's mouth is:

I learned about your practice from:

Family member
Friend
Web Site
Referral from another health care office
Print media
Other. Please specify

After you called our office, approximately how long did you have to wait to get this first appointment?

What did you like best about your first appointment with us? What did your child enjoy most?

How could we have improved the first appointment experience for your child? for you?

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