

Patient Survey

So that we may better serve you, please take a few moments to answer these questions. We value your opinion and want to be sensitive to your needs. It is not necessary to sign the survey, but you may if you choose. Thank you.

Are your telephone calls to our practice answered promptly and courteously?

Yes ___ No ___ Comments: _____

Are telephone calls requiring a return call returned as promised? Yes ___ No ___

Is our contact with you via email satisfactory? Yes ___ No ___

Comments: _____

Are our hours of operation convenient for you and your family? Yes ___ No ___

Comments: _____

When you called to make this appointment, how long did you have to wait for the date?

Time elapsed _____ Type of appointment this visit _____

When you arrived for your appointment, were you greeted immediately and courteously?

Yes ___ No ___ Comments: _____

Did you find the parking lot, reception area, patient restroom, and treatment room clean and attractive? Yes ___ No ___ Comments: _____

Was your treatment clearly explained to you? Yes ___ No ___

Were fees and financial policy adequately explained? Yes ___ No ___

Are billing statements easy to understand? Yes ___ No ___

Comments: _____

What do you like best about our practice?

What do you like least?

What would you suggest to improve our service in the future?

Will you recommend our practice to others in your family and to friends?

Yes ___ No ___ Comments: _____

Please comment about any other pertinent topic.

Thank you. We appreciate your time, interest, and loyalty to our practice.