

Please Mark the Appropriate Box, When Applicable:

Availability of convenient appointment days and times:

Excellent Good Fair Poor

What time of day and days of the week are most convenient for your appointments. Check all that apply:

Early morning Monday Friday
 Late morning Tuesday Saturday
 Early afternoon Wednesday
 Late afternoon Thursday
 Other: _____ I am flexible

At your last visit, how long did you wait in our reception area, past your appointment time, before treatment?

0-5 minutes 5-10 minutes 10-15 minutes 15+ minutes

For visits requiring dental treatment by the Doctor:

Please evaluate your comfort during treatment:

Excellent Good Fair Poor

Please rate Doctor's communication with you:

Excellent Good Fair Poor

Please rate the services provided by our dental assistants Sarah, Brandy and Coley, and their communication with you:

Excellent Good Fair Poor

Please evaluate your treatment by your Dental Hygienist:

Your hygienist is:

April Holly Delores Other Don't recall

During treatment for Hygiene visits, please evaluate your comfort during treatment:

Excellent Good Fair Poor

Please rate the hygienist's communication with you:

Excellent Good Fair Poor

In regard to contact with our Front Desk team members, Leslie (Scheduling Coordinator) and Becky (Financial Coordinator), please rate the following:

Your calls are answered promptly:

Always Usually Sometimes Not typically

Please rate our response time in handling your requests:

Excellent Good Fair Poor

Please rate our communication with you when confirming appointments, and scheduling appointments:

Excellent Good Fair Poor

Please evaluate our knowledge of your dental insurance coverage and ability to calculate your coverage for treatment:

Excellent Good Fair Poor

Please rate our communication of treatment costs, insurance estimates and payment options:

Excellent Good Fair Poor

Please rate your satisfaction with our payment options:

Excellent Good Fair Poor

Are more payment options needed? Yes No

If yes, please specify: _____

Please rank what is most important to you in selecting a dental practice, and then rate our office's ability to meet those needs:

RANK THESE IN ORDER OF IMPORTANCE,
1 AS MOST IMPORTANT, 10 AS LEAST

RATE OUR OFFICE
FOR EACH LISTING

RANK		EXCELLENT	GOOD	FAIR	POOR
	Convenient Appointment Times Available				
	Expertise of Doctor				
	Courtesy and Friendliness of Team				
	Comfort During Treatment				
	Knowledge of Team				
	Office Keeps Up With Latest Technology/Techniques				
	Range of Services Provided				
	Ability of Office to Treat Entire Family's Dental Needs				
	Affordable Care				
	Timely Treatment in Office				
	Other: _____				

Please comment on any areas which need improvement, or list services you would like to see our office provide. Please feel free to comment on any area not covered in this survey.

Thank you for participating in our survey. I appreciate your time!

David J. Balestrini DMD