

PATIENT FEEDBACK SURVEY

Park South Dental continuously strives to enhance the quality of service provided to our patients. To help us in this effort, please take a moment to fill out this questionnaire. Your comments and suggestions are greatly appreciated.

Date: _____
Type of appointment: _____
Name (optional): _____

Did the receptionist greet you courteously?

Y N

Was she/he helpful with all of your questions and/or concerns?

Y N

How long did you wait before you were taken into the operatory? _____

Were you greeted courteously/professionally by the Assistant/Hygienist?

Y N

Did he/she introduce him/herself to you?

Y N

Was the exam room clean?

Y N

Did your Assistant/Hygienist provide you an explanation of today's visit?

Y N

Did Assistant/Hygienist follow proper hygiene protocol during you visit?

Y N

If you saw a Doctor, were you satisfied with his/her professional approach?

Y N

Did your Doctor explain the treatment needed in depth and answer all questions to your understanding?

Y N

Were you given instructions as to what to do after today's visit?

Y N

If you needed follow up visits, did you sit down and speak with someone regarding the financial aspect of your treatment?

Y N

Was this person helpful in explaining your treatment costs and financial responsibilities?

Y N

Did our Front Desk Representative explain Insurance benefits and answer your questions thoroughly?

Y N

Were you comfortable during the appointment?

Y N

Were you satisfied with the quality of treatment you received today?

Y N

Would you refer our office to others?

Y N

Please explain your overall experience and let us know of any concerns or suggestions you might have.
