

# Smilematters

## PATIENT FACT SHEET

### How Does Our Office Rate?

We value your opinion! Please take a moment to answer the following questions to help us serve you better. All surveys are completely confidential; please do not sign this form.

#### Please rate your experiences with our office. *(Please circle your answer.)*

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| Whenever I phone the dentist's office I receive prompt, courteous attention. . . . .   | Yes | No |
| The office staff is friendly and courteous. . . .                                      | Yes | No |
| The dentist listens carefully to me. . . . .   | Yes | No |
| The dentist and staff are professional. . . . .  | Yes | No |
| I usually have to wait too long once I arrive at the office. . . . .                   | Yes | No |
| <i>If yes, please tell us how long you waited: _____</i>                               |     |    |
| <i>Did anyone explain the reason for the delay? . . . . .</i>                          | Yes | No |
| It's easy to find parking close to the office. . . . .                                 | Yes | No |
| The office hours are convenient. . . . .   | Yes | No |
| The office and exam rooms are clean. . . . .   | Yes | No |
| The reception area is comfortable. . . . .   | Yes | No |
| The dentist always discusses my treatment with me before it begins. . . . .            | Yes | No |
| Treatment fees and payment are discussed clearly. . . . .                              | Yes | No |
| The dentist and team have taught me a lot about taking care of my oral health. . . . . | Yes | No |
| I am satisfied with the care I receive at the dental office. . . . .                   | Yes | No |
| My questions/concerns are taken care of in a timely manner. . . . .                    | Yes | No |
| I would refer family/friends to this office. . . .                                     | Yes | No |

#### How did you find out about our practice? *(Please circle your answer.)*

- Referred by friend or family member
- Yellow Pages
- Newspaper
- Direct Mail
- Office Sign
- HMO, PPO, or other managed care referral
- Other: \_\_\_\_\_

#### How long have you been a patient of our practice? *(Please circle your answer.)*

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21 or more years

#### Please comment on how we could make your visit better, new services you would like to see, or other ways we can make you feel more comfortable.

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**Thank you for your time!**