

## PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

## RESPONDENT INFORMATION

**Patient Name:** Shields, Kelly (SH0014)

**Invite Sent:** Oct 9, 2010 10:03 AM

**Response Received:** Oct 9, 2010 6:52 PM

## SURVEY RESULTS

## 1. How would you rate your overall visit?

- Excellent
- Very good
- Average
- Not so good

## 2. When your appointment was over did you have a good understanding of your dental situation?

- Yes
- Not really
- I wish I knew more

## 3. Were your financial options explained to you?

- Yes
- No
- I already understand my financial options

## 4. Did you have to wait past your appointment time to be seated? If so, how long?

- No
- 15 to 30 Minutes
- 30 to 45 Minutes
- Over 45 Minutes

## 5. Did our team greet you properly?

- Yes
- Not really
- I don't recall

## 6. Would you refer your friends and family to us?

- Yes
- No
- I'm not sure

## 7. Please comment on anyone you met during your visit, things we could change, new services you would like to see, or other ways we can make you feel more comfortable.



I have never had a dental experience like I had here. I have told everyone I know that this is the place to go. Everyone is so friendly and for some that is terrified of the dentist I was put at ease and did not feel scared at all. Thank you all so much.