

## PATIENT SURVEY

Below is the original survey that your patient submitted.

## RESPONDENT INFORMATION

**Patient Name:** Seyler, Steve

**Invite Sent:** Aug 29, 2009 10:00 AM

**Response Received:** Aug 29, 2009 11:08 AM

## 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.



Everyone was very friendly!