

## PATIENT SURVEY

Below is the original survey that your patient submitted.

**RESPONDENT INFORMATION**

**Patient Name:** Beeson, Anne

**Invite Sent:**

Oct 1, 2009 10:01 AM

**Response Received:**

Oct 1, 2009 10:06 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.**

I was very glad Ms Judy was able to schedule me in the same day I called. All of you are very professional and courteous. I feel very comfortable coming to your office and would definitely recommend to others. and I did!