

PATIENT SURVEY

Below is the original survey that your patient submitted.

RESPONDENT INFORMATION

Patient Name: Pinedo, Sue

Invite Sent:

Oct 17, 2009 10:00 AM

Response Received:

Oct 17, 2009 8:35 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.



Excellent service!