


## PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

## RESPONDENT INFORMATION

**Patient Name:** Brown, Sandra

**Invite Sent:** Apr 27, 2014 10:00 AM

**Response Received:** Apr 29, 2014 9:00 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. Did our team greet you properly?**

- Yes
- Not really
- I don't recall

**4. Would you refer your friends and family to us?**

- Yes
- No
- I'm not sure

**5. Please share your experiences with our office on Google. We appreciate your review.**

