

## PATIENT SURVEY

Below is the original survey that your patient submitted.

## RESPONDENT INFORMATION

**Patient Name:** S , Molly (KA0023)

**Invite Sent:**

Feb 26, 2012 10:00 AM

**Response Received:**

Feb 27, 2012 1:34 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 share your experiences with our office on Google. We appreciate your review.**

 Thank you! Great job!