


PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

RESPONDENT INFORMATION

Patient Name: G., Page

Invite Sent: Nov 10, 2012 10:00 AM

Response Received: Nov 10, 2012 10:47 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 share your experiences with our office on Google. We appreciate your review.

 I found everyone very helpful and knowledgeable. When I left the office I had a good understanding of my problem and the need to get it corrected.