

## PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

## RESPONDENT INFORMATION

**Patient Name:** Lewis, Giselle

**Invite Sent:** Dec 11, 2010 10:04 AM

**Response Received:** Dec 13, 2010 7:32 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.



Everything is always perfect at your practice.