

PATIENT SURVEY

Below is the original survey that your patient submitted.

RESPONDENT INFORMATION

Patient Name: Martin, Aurelio

Invite Sent:

Aug 6, 2009 10:02 AM

Response Received:

Aug 6, 2009 9:01 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.

 Everyone is great, Thank You for the great service you provide to me and my wife.