


PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

RESPONDENT INFORMATION

Patient Name: Ekstrom, Raymond (EK0001) **Invite Sent:** Nov 20, 2011 10:00 AM
Response Received: Nov 20, 2011 2:13 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.

 For the first time since my problem started I finally got and answer to my jaw problem. It's been about four years and at least four professionals that could not define my problem. Thank You