

## PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

## RESPONDENT INFORMATION

**Patient Name:** L Tom

**Invite Sent:** Nov 11, 2012 10:00 AM

**Response Received:** Nov 11, 2012 10:26 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.

 Best dentist I have ever had in 60 years.