

Biannual Patient Survey

Format: 4x6 postcard

FRONT:

Did You Have a Dreamy Dental Experience?

Dr. John Pelton, D.D.S.

BACK:

Our goal during your recent appointment was to offer a more relaxed dental experience than you've ever imagined. Did we succeed? Please fill out and return the following questionnaire to help us improve our service to you in the future.

Choose the answer that best fits your most recent experience with us:

A = Agree/Yes, B=Neutral, C = Disagree/No, NA = Not Applicable

1. Someone called to remind me about my appointment.
2. I received a pleasant greeting upon arrival.
3. The reception area was welcoming and clean.
4. My wait time was acceptable.
5. The clinical team was knowledgeable and friendly.
6. Dr. Pelton gave me his full attention.
7. I am satisfied with Dr. Pelton's care.
8. All my questions were sufficiently answered.
9. I had a dreamy dental experience.
10. I would recommend this practice.

Comments:

Your:

Age? ____

Gender? M/F

Day of Appointment? M T W TH