Patient Feedback Survey

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| directions |  | Use this example document to help you visualize and then create your own custom patient feedback survey. |
| Questions and ratings |  | 1. **What made you choose us as your dental office? (Please choose all that apply)**  * Up-­‐to-­‐date technology in the office * Price * Quality of work * Friendly Staff and great service * Location * Other (please specify)  1. **In which areas does our staff make you feel comfortable? (Please choose all that apply)**  * Financial arrangements * Communication and sincerity * Wait time * Management of discomfort * Value and quality * Other (please specify)  1. **Would you recommend your friends and family have their dental work done with us?**  * Yes * No * Maybe (please specify)  1. **What is the best way to communicate with you if we get new services or have specials on the current ones? (Please choose all that apply)**  * Newspaper ad * Community newsletter * Mail * Email * Other (please specify)  1. **What is something we could do to say thank you for referring others to our office? (Please choose all that apply)**  * No need to do anything * Gift certificate to local restaurant * Gift certificate for dental services * Free dental hygiene products * Other (please specify)  1. **Is there anything else we could do to improve your dental experience?** |