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?**
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