

# PATIENT SATISFACTION SURVEY

**Keith B. Annapolen, D.D.S., M.A.G.O.**

We care about the level of service we offer you. We would be grateful if you would fill out this survey to let us know what you like about Our practice as a patient and also to let us know in what areas we need to take action to correct and improve our services to you.

The results of this survey are private and will be kept confidential and used only to improve our level of care to you. We care about you and want to know how we can better serve you!

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Optional)  
Please check your answer and put your comments in a space provided.

1. Was our staff caring and friendly?      Yes      No  
Comments \_\_\_\_\_  
\_\_\_\_\_

2. Were there any questions or concerns that were not taken care of in a timely manner?      Yes      No  
Comments \_\_\_\_\_  
\_\_\_\_\_

3. Did cleanliness and infection control of our practice meet your expectations?  
Exceeded expectations      Meet expectations  
Below expectations

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Were your fears about dental procedures listened to, discussed and cared for?      Yes      No  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Comments on the atmosphere and decor of our office:  
\_\_\_\_\_  
\_\_\_\_\_

6. Was your treatment performed on time?      Yes      No  
Comments \_\_\_\_\_  
\_\_\_\_\_

7. Are financial matters handled in a timely and well-addressed manner?  
Comments \_\_\_\_\_      Yes      No  
\_\_\_\_\_

8. Were there any problems during your visit?  
If so, please describe them so we may address them at our daily morning meetings:  
\_\_\_\_\_  
\_\_\_\_\_

9. Would you recommend our practice to your family members and friends?  
Comments \_\_\_\_\_      Yes      No  
\_\_\_\_\_  
\_\_\_\_\_

10. Was there a staff member that was particularly caring and helpful that you would like to thank or a staff member that needs to address any issues that were not dealt with your satisfaction at your visit?  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for your time. Your opinion is very important to us. Please drop the complete form at the front desk. If you would like to be informed about the results of this survey, please, check the box