

# ELK AVENUE DENTAL CENTER

## PATIENT SATISFACTION SURVEY



At Elk Avenue Dental Center, we strive for the very best in patient care. In order to provide outstanding care, we turn to our patients for advice. Please take a moment to complete the patient survey below. We thank you in advance for your time and participation. The information below is confidential, and will only be used to improve our service.

Dental Patient:  Myself  My Child  Family Member  Other

Name (optional): \_\_\_\_\_ Age: \_\_\_\_\_

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
<b>APPOINTMENT</b>						
It was easy to make an appointment						
The appointment coordinator was courteous and helpful						
Appointment options were given that fit my schedule						
<b>FACILITIES</b>						
The office location and parking were convenient						
The reception area was neat and clean						
The equipment was clean and presentable						
The temperature in the office was comfortable						
<b>STAFF</b>						
The dentist was professional and courteous						
The dental hygienist was professional and courteous <input type="radio"/> KALEE <input type="radio"/> MANDY						
The dental assistant was professional and courteous <input type="radio"/> KATIE <input type="radio"/> MANDY						
Administrative staff was professional and courteous						
The staff was considerate and sensitive to my needs						
<b>TREATMENT</b>						
The proposed treatment was clearly explained to me						
All my questions were answered						
Treatment alternatives were given						
The dental treatment was completed in a timely manner						
I am pleased with the quality of the dental treatment						

COMMENTS: (please carry over on the reverse, if needed) \_\_\_\_\_

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