

NEW PATIENT SURVEY

Please rate us with a marking in the appropriate box corresponding to how we performed in each of the specified areas.

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
1. How was your initial experience scheduling your appointment?					
2. How would you rate your first impression of our office?					
3. Once you were in the office, how would you rate your experience with our front desk staff?					
4. How would you rate your experience with the hygienist?					
5. How would you rate your experience with the dentist?					
6. How did you hear about us?					
7. Based on your experience, would you refer us to a friend?	YES			NO	
8. Do you have any additional comments or suggestions?					

Thank you for taking the time to fill out this survey. Your opinions will be taken into consideration to make your next experience here a more positive one.