AMELIA DENTAL GROUP

COMPREHENSIVE DENTISTRY

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Patient Satisfaction Survey

We welcome your feedback as we continue to strive to improve our services to our patients. It is important to us that we meet your needs as our patient. We encourage you to call us at anytime if concerns arise in respect to your dental treatment or care in our office.

We would appreciate if you could take a few minutes to fill out the survey below and submit it to us. If you would like someone to contact you please include your name and phone number.

Ranking Category (please place X)	__1	__2	__3	__4	__5
	(Less than satisfied<--->Very satisfied)				
Our respect for your time	__1	__2	__3	__4	__5
Ease of contacting our office by phone	__1	__2	__3	__4	__5
Our ability to assist you with financial arrangements and insurance	__1	__2	__3	__4	__5
Ease of scheduling appointments	__1	__2	__3	__4	__5
Attitude of Doctor/Team members	__1	__2	__3	__4	__5
Cleanliness of the office	__1	__2	__3	__4	__5

What did you like best about our office?

How can we improve our practice to better serve you and your family?