

PATIENT QUESTIONNAIRE

Dear Patient,

We are striving to improve the quality of service and personal care rendered to you, our patient. Since our future practice is built on well-satisfied patients, we would like a few moments of your time in completing this questionnaire. Please evaluate it honestly in order that we may become aware of our deficiencies and problem areas.

Thank you for your cooperation.

1. Do you feel you were well treated in our office? _____

2. What do you like most about our office? _____

3. What do you dislike about our office? _____

4. How would you evaluate our fees? _____

5. How would you evaluate our staff? _____

6. How would you evaluate our periodontal services? _____

7. Is there anyone on our staff who stands out most in your mind? Good _____
Bad _____
Why? _____
8. Do you recall the names of anyone you have referred to us? _____

9. Any additional comments? (Be honest, I may never do this again!) _____

Signed: _____
(may be omitted)

Date: _____