

Frances Anne Johnston DDS

Dental Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous.

Age

- Under 18
- 31-45
- 46-60
- 61+

Gender

- Male
- Female

How often do you go to the dentist for checkups?

- Every 6 months
- Once a year
- Once every 2 years
- Occasionally
- Only when I have a problem

What was the purpose of this visit?

- Cleaning
- Crown/Bridge
- Filling
- Other _____

Which Dentist/Hygienist

- Dr. Anne Johnston DDS
- Name of Hygienist seen: _____

	Excellent	Good	Fair	Poor	N/A
Ease of getting care					
<i>Ability to get in to be seen</i>	_____	_____	_____	_____	_____
<i>Hours Center is open</i>	_____	_____	_____	_____	_____
<i>Prompt return of calls</i>	_____	_____	_____	_____	_____
Waiting					
<i>Time in waiting room</i>	_____	_____	_____	_____	_____
<i>Time in exam room</i>	_____	_____	_____	_____	_____
<i>Waiting for procedures to be performed</i>	_____	_____	_____	_____	_____
Dentist					
<i>Listens to you</i>	_____	_____	_____	_____	_____
<i>Takes enough time with you</i>	_____	_____	_____	_____	_____
<i>Explains what you want to know</i>	_____	_____	_____	_____	_____
<i>Gives you good advice and treatment</i>	_____	_____	_____	_____	_____
Dental Hygienist					
<i>Friendly and helpful to you</i>	_____	_____	_____	_____	_____
<i>Listens to you</i>	_____	_____	_____	_____	_____
<i>Takes enough time with you</i>	_____	_____	_____	_____	_____
<i>Explains what you want to know</i>	_____	_____	_____	_____	_____
<i>Gives you good advice and treatment</i>	_____	_____	_____	_____	_____
Receptionist and Telephone Staff					
<i>Friendly and helpful to you</i>	_____	_____	_____	_____	_____
<i>Greeted you promptly</i>	_____	_____	_____	_____	_____
<i>Answers your questions</i>	_____	_____	_____	_____	_____
Charges/Billing					
<i>Cost of services</i>	_____	_____	_____	_____	_____
<i>Explanation of charges</i>	_____	_____	_____	_____	_____
<i>Explanation of Insurance Benefits</i>	_____	_____	_____	_____	_____
Facility					
<i>Neat and clean building</i>	_____	_____	_____	_____	_____
<i>Ease of finding where to go</i>	_____	_____	_____	_____	_____
<i>Comfort while waiting</i>	_____	_____	_____	_____	_____
<i>Comfort of dental chair</i>	_____	_____	_____	_____	_____
<i>Privacy</i>	_____	_____	_____	_____	_____

Would you refer us to your friends or relatives?

- Yes
- No
- Maybe

What do you like best about our office? _____

What do you like least about our office? _____

Suggestions for improvement? _____

Anything we can do to make your appointment more pleasant and comfortable? _____

General Comment's _____