



**ADULT,
ADOLESCENT &
CHILD ORTHODONTICS**

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PATIENT SURVEY

In order to improve our service to our patients, this questionnaire is being given to you for your opinions. At the end of each section, you will find an area for comments. Please feel free to elaborate on any answer or add any suggestions you wish. (Please circle your answer.)

A. STAFF

1. How would you rate the doctor?

Excellent	Good	Fair	Poor
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2. How would you rate our dental assistants?

Excellent	Good	Fair	Poor
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3. How would you rate our business office staff?

Excellent	Good	Fair	Poor
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4. Is there any member(s) of our staff you were particularly impressed with? Yes No All members If so, (name, description or position) _____
5. Is there any member(s) of our staff you were particularly upset with? Yes No All members If so, (name, description or position) _____

COMMENTS: _____

B. OFFICE POLICIES

1. How did you feel about our office hours?

Pleased	Satisfied	Unhappy
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2. How would you rate our response to telephone inquiries?

Excellent	Good	Fair	Poor
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3. How would you rate our response to emergency calls?

Excellent	Good	Fair	Poor
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4. Were there any office policies or procedures you were particularly impressed with? Yes No All policies
 Procedures: _____
 Reason: _____
5. Were there any office policies or procedures you were particularly upset with? Yes No All policies
 Procedures: _____
 Reason: _____
6. In scheduling appointments, would you prefer:
 - a. Fewer, longer appointments, with more being done each time
 - b. Shorter appointments, but more often
 - c. Longer treatment time, with shorter monthly appointments
 - d. Keep as is
7. How did you feel about our appointment scheduling?

Pleased	Satisfied	Unhappy
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8. How would you rate our promptness?

Excellent	Good	Fair	Poor
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COMMENTS: _____



C. COMMUNICATION

1. How would you rate doctor and staff communication with the patient?
Excellent Good Fair Poor?
2. How would you rate doctor and staff communication with the parents?
Excellent Good Fair Poor
3. How would you rate our visual instruction aids?
Excellent Good Fair Poor
4. How would you rate our written instruction aids?
Excellent Good Fair Poor
5. How would you rate our attention to home oral hygiene?
Excellent Good Fair Poor

COMMENTS: _____

D. OFFICE

1. How would you rate our office decor?
Excellent Good Fair Poor
2. How would you rate the comfort of the waiting areas and the office in general?
Excellent Good Fair Poor
3. How would you rate the cleanliness?
Excellent Good Fair Poor
4. Are our office locations convenient? Yes No

COMMENTS: _____

E. FEES

1. What did you think about the total fee for treatment?
Unreasonably High High Reasonable A Good Deal A Bargain
2. How do you think our fees compare to those offering similar services?
Much Higher Higher Same Lower Much Lower
3. How would you rate our billing procedures?
Excellent Good Fair Poor
4. How would you rate our promptness in handling billing problems?
Excellent Good Fair Poor
5. How would you rate our efficiency in processing insurance?
Excellent Good Fair Poor

COMMENTS: _____

F. END RESULT

1. How do you feel about the end result of your orthodontic treatment?
Very Pleased Pleased Satisfied Somewhat disappointed Unhappy
2. How did your dentist feel? Very Pleased Pleased Satisfied
Somewhat disappointed Unhappy Did not say Have not seen yet
3. Would you recommend us to others? Yes No

COMMENTS: _____
ADDITIONAL COMMENTS: _____

Name (Optional) _____

We appreciate the time you have taken to give us your comments. If there were any problems, we hope this survey has made it easier for you to let us know about them, so that we may make efforts to correct those problems. If you were happy with our office, please thank the person who referred you, and we hope you will tell your dentist and your friends. Please take some of our business cards, which are available at the front desk.

Thanks again,
Doctor and Staff
of
A.A.C. Orthodontics, P.C.

