

# Did you experience the highest level of care?

## PATIENT SATISFACTION SURVEY

Please mark your level of satisfaction regarding:

Courtesy of the person who helped you with financial options/arrangements:

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied

Your reception by our front desk staff:

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied

Your wait time in the doctor's office:

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied

Quality of doctor's interaction:

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied

Quality of treatment received from your doctor:

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied

Quality of customer service received from dental assistants:

Very Satisfied    Satisfied    Dissatisfied    Very Dissatisfied

Would you recommend Lakeville Orthodontic Associates to others?

Yes    No    Unsure

Comments: \_\_\_\_\_

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Patient Name (Optional):

\_\_\_\_\_

Orthodontist

\_\_\_\_\_

Location:

\_\_\_\_\_

Date:

Thank you for your time in completing this survey. Your answers will assist us in continuing to improve on our service to you.