

PARENT/PATIENT SURVEY

In an ongoing effort to improve our service to you, please answer this survey and return it to us at your convenience in the enclosed self-addressed, stamped envelope.

1. Overall, did we meet your expectations for treatment?

you exceeded my expectations!

In what ways?

Your compassion, understanding, kindness, professionalism and quality of care

2. What would have increased your satisfaction?

I can't think of a thing.

3. Did our office hours meet your needs?

Yes

Were we on time or did you have to wait to be seen?

I was worked in as a referral from Dr. Elzey and was seen and treated on the same day.

4. Are you satisfied with the explanations given to you by Dr. Alford concerning treatment?

Very much so.

Are you satisfied with the explanations of treatment given to you by our office staff?

Also, very much.

5. How would you rate us in the following areas?

1 = needs improvement    2 = good    3 = excellent

Dr. Alford

Friendliness:

1

2

3

Caring/Concern:

1

2

3

Staff

Friendliness:

1

2

3

Caring/Concern:

1

2

3

Office

Cleanliness:

1

2

3

Equipment:

1

2

3

Present location:

1

2

3

6. Please add any additional comments concerning any situation, staff member, or Dr. Alford.

After having a very bad experience I had neglected the care of my teeth for 10 years. Dr. Alford and

Signature (optional):

no staff kept me calm, comfortable and pain free - really! Pain free. Incredible experience!

May we share this information with others (and for our website)?

yes

Julie Adams