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?

   Yes

   In what ways?

   very friendly and helpful.
   was very nervous and Dr. Alford & staff made me very at ease.

2. What would have increased your satisfaction?

   I thought everything was great!

3. Did our office hours meet your needs?

   yes

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

   on time!

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

   yes

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

   yes

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.

   I would just like to thank everyone again for doing such a great job.

Signature (optional): Yada Weaver

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

Yes!