

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. Excellent*
 In what ways? *Explaining all my procedures of my implant tooth #7 OK on me at home to make sure I was in no severe pain.*

2. What would have increased your satisfaction?
To me all service of all employees were excellent.

3. Did our office hours meet your needs? *yes*

Were we on time or did you have to wait to be seen? *you were on time + very prompt with everything*

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

Are you satisfied with the explanations of treatment given to you by our office staff? *yes Very much*

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

1 = needs improvement 2 = good 3 = excellent

Worth the drive from Rockmart to Adairville for sure!!

	<u>Dr. Alford</u>		
Friendliness:	1	2	3
Caring/Concern:	1	2	3
	<u>Staff</u>		
Friendliness:	1	2	3
Caring/Concern:	1	2	3
	<u>Office</u>		
Cleanliness:	1	2	3
Equipment:	1	2	3
Present location:	1	2	3

your office is the cleanliness + best I have ever been in. Everything is wonderful!

6. Please add any additional comments concerning any situation, staff member, or Dr. Alford.
Services + Treatment were all a 100 rating as far as I feel + my husband also. We Love all of you + will reexamine your office very highly to people that need your type of work.

Signature (optional): Bess Hall
 948 Atlanta Hwy.
 Rockmart, GA 30153-4226

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

yes, you may

I also thank Dr. Alford for continuing us with Dr. Kirby Brown here in our hometown of Rockmart.

If, I can help in any way for excellent referrals, let me know.

We thank all of you!