

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?

In what ways? *Excellent service,*

2. What would have increased your satisfaction?

Nothing

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

Were we on time or did you have to wait to be seen?
I was on time and did not have to wait to be seen

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

yes, always

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	<u>3</u>
Caring/Concern:	1	2	<u>3</u>

Staff

Friendliness:	1	2	<u>3</u>
Caring/Concern:	1	2	<u>3</u>

Office

Cleanliness:	1	2	<u>3</u>
Equipment:	1	2	<u>3</u>
Present location:	1	2	<u>3</u>

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

Signature (optional):

Jocian & Mary Harris

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

yes