Tot 2 Teen DENTAL

"Your Child's Care is Our Focus!"

Parent and Patient Satisfaction Form

Dear ,

Would you be kind enough to help Tot 2 Teen Dental determine the level of satisfaction of our family of parents and patients with the service(s) we provide. Please complete this form and returnit to the receptionist or e mail it back to our office. Thank you in advance for your time!

1. Was the dental staff friendly, courteous and helpful on the phone when you called?
_____ yes? or _____ no? (if no, please explain).

2. Did the doctor and staff see your child within 10 minutes of her/his appointment time?
_____ yes? or _____ no?

3. During your visit to our office, did the doctor and dental staff do any of the following?

a. they were friendly?	_____ yes?	or	_____ no?
b. they were courtreous?	_____ yes?	or	_____ no?
c. they were helpful?	_____ yes?	or	_____ no?
d. they answered my questions?	_____ yes?	or	_____ no?
e. they genuinely carted about my child?	_____ yes?	or	_____ no?

(if no, please explain)

4. Is your child comfortable coming here for treatment?
_____ yes? or _____ no?

5. Would you recommend our office to other parents for the dental treatment of their children?
_____ yes? or _____ no?

6. Other comments?

Thank you for allowing us to care for your child's dental health!

Dr. Anita B Gartner Inc.
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