

**Niceville Family Dental Center
Patient Satisfaction Survey**

Patient Name(optional)_____

1. Were you greeted in a timely and friendly manner when you arrived at our office?

Yes or No
Comments-

2. How would you rate your experience when calling our office?

Excellent Very Good Good Poor Very Poor

3. Did the employee identify the office and themselves by name when you called?

Yes or No
Comments-

4. Were all your questions answered to your satisfaction? If not, what area(s) were not?

Yes or No
Comments-

5. Were you seen on time by your Doctor/Hygienist?

Yes or No
Comments-

6. Was your clinical experience to your satisfaction? (Procedures explained to you, made to feel comfortable, post-op instructions given, etc.)

Yes or No
Comments-

7. Were you satisfied with your check-out experience and scheduling of future appointments if needed?

Yes or No
Comments-

8. Did any employee's service stand out as exceptional to you?

Yes or No
Employee's Name-

9. Did any employee's service disappoint you?

Yes or No
Employee's Name-

10. Any other comments or concerns you would like to share?