

# Dental Patient Satisfaction Survey

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Are you a new or existing patient?

- New  Existing
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How did you hear of us?

- Friend/relative  Poster  Postcard/brochures  
 Newspaper  Internet/ Description searched?
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How many times have you visited us previously?

- This is my first time  Only once  More than once  
 I visit Strong Roots Dental PC for all my dental needs  Only when my personal dentist is unavailable
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What is the name of the dentist who treated you?

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How satisfied are you with the dentist?

- Very satisfied  Somewhat satisfied  Neutral  
 Somewhat dissatisfied  Very dissatisfied
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How professional was the dentist in his/her work?

- Not at all
- Slightly
- Moderately
- Very
- Extremely

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Do you have any individual comments to the dentist?

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Rate the following based on your satisfaction:

- Cleanliness ★ ★ ★ ★ ★
- Wait time ★ ★ ★ ★ ★
- Front desk behavior ★ ★ ★ ★ ★
- Dental Assistant behavior ★ ★ ★ ★ ★

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How can we improve our services?