DENTAL SERVICES SURVEY

We thank you in advance for completing this questionnaire. When you have finished, please mail it in the enclosed envelope.

THE SERVICE YOU RECEIVED (SELECT ONE RESPONSE ONLY)

Please select the last *service* you received. Rate only that service and visit.

O Cleaning	O Cosmetic (bleaching, bonding)	O Orthodontic (braces)
O Regular/Routine Exam	O Emergency Care	O Dentures
O Restoration (filling, crown, bridge)	O Periodontic (gum disease)	O Implants
O Extraction (tooth pulled)	O Endodontic (root canal)	O Oral Surgery

BACKGROUND INFORMATION

1. Was this the first time you have used our practice?..... O Yes O No

INSTRUCTIONS: Please rate the services you received from our facility. <u>Select the response</u> that best describes your experience. If a question does not apply to you, please skip to the next question. Space is provided for you to comment on good or bad things that may have happened to you.

Please use black or blue ink to fill in the circle completely.
Example: ●

ACCESS

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Availability of appointments at day/time that met your needs	O	O	O	O	O
2. Ease of scheduling your appointment	O	O	O	O	O
3. Ease of contacting (e.g., email, phone, internet) the dental office	O	O	O	O	O

Comments (describe good or bad experience): _____

MOVING THROUGH YOUR VISIT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. Ease of the check-in process	O	O	O	O	O
2. How well you were kept informed about any delays	O	O	O	O	O
3. Wait time at the dental office (from arriving to leaving)	O	O	O	O	O

Comments (describe good or bad experience): _____

DENTAL TEAM

	very poor 1	poor 2	fair 3	good 4	very good 5
The Dental Assistant was the person who took your medical information and assisted the dentist when they treated you. Please answer the following questions with that person in mind. <u>If you did not see a Dental Assistant during your visit, please skip these questions.</u>					
1. How well the dental assistant listened to you	O	O	O	O	O
2. Dental assistant's explanation of the things they did with you during your visit	O	O	O	O	O
The Dental Hygienist was the person who cleaned your teeth. Please answer the following questions with that person in mind. <u>If you did not see a Dental Hygienist during your visit, please skip these questions.</u>					
1. How well the dental hygienist listened to you	O	O	O	O	O
2. Information the dental hygienist gave you about oral hygiene (brushing, flossing, etc.)	O	O	O	O	O
3. Dental hygienist's discussion of the outcome of your cleaning/oral exam	O	O	O	O	O

Comments (describe good or bad experience): _____

continued...

DENTIST

	very poor 1	poor 2	fair 3	good 4	very good 5
1. How well the dentist listened to you	O	O	O	O	O
2. Explanations the dentist gave you about your problem or condition	O	O	O	O	O
3. Dentist's efforts to include you in decisions about your care	O	O	O	O	O
4. Dentist's discussion of any proposed treatment (options, risks, benefits, etc.)	O	O	O	O	O
5. Likelihood of your recommending this dentist to others	O	O	O	O	O

Comments (describe good or bad experience): _____

_____

_____

OVERALL ASSESSMENT

	very poor 1	poor 2	fair 3	good 4	very good 5
1. If you felt nervous or afraid while at the dental office, support the staff (including the dentist) gave you	O	O	O	O	O
2. How well the staff (including the dentist) worked together to care for you	O	O	O	O	O
3. Likelihood of your recommending this dental office to others	O	O	O	O	O

Comments (describe good or bad experience): _____

_____

_____

Patient's Name: (optional) _____

Telephone Number: (optional) _____

CL#XXXX-DSXXXX-00-XX/21

PRESS GANEY™

Draft