

Centre Oral & Facial Surgery, PC Patient Satisfaction Survey

We are always looking for ways to better serve our patients.
We thank you in advance for taking the time to complete this survey.

What type of appointment did you have?

- Consultation Extraction Implant Bone Graft Biopsy Orthognathic (jaw)
 TMJ Other (please specify) _____

Please circle the number that best describes your experience.

Your Scheduling / Front Office Experience	Very Poor	Poor	Fair	Good	Excellent
Phone call handled in courteous manner:	1	2	3	4	5
Time between scheduling and actual appointment:	1	2	3	4	5
Waiting area was clean & comfortable:	1	2	3	4	5
Front staff was professional & courteous:	1	2	3	4	5
Seen in a timely manner:	1	2	3	4	5

Your Clinical / Doctor Experience

Clinical staff was friendly & courteous:	1	2	3	4	5
Explained all procedures & instructions clearly:	1	2	3	4	5
Physician was friendly & courteous:	1	2	3	4	5
Physician encouraged & answered all questions:	1	2	3	4	5
Involved you/your family in decision making process:	1	2	3	4	5
Physician's time with you:	1	2	3	4	5
Skill of physician:	1	2	3	4	5

Your Financial / Check-out Experience

Financial staff friendly & courteous:	1	2	3	4	5
Finances were clearly explained:	1	2	3	4	5
Perception of value for services performed:	1	2	3	4	5

Comments / Suggestions:

Thank you!