

New Patient Survey Apex Dental Group

1. Default Section

1. At what time were you seated for your appointment?

- 10 minutes or more early
- 5 minutes early
- Seated on time
- 5 minutes late
- 10 minutes or more late



John S. Kitzmiller, III
DDS & Associates

2. What did you like most about your visit?

3. What did you like the least about your visit?

4. Did our team members improve your dental knowledge and communicate in a friendly, polite and courteous manner?

- Yes
- No

Your comments:

5. How would you rate the thoroughness of the doctor's treatment?

- Outstanding
- Good
- Average
- Below Average
- Unacceptable

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6. How would you rate the thoroughness of the hygienist's and assistant's treatment?

- Outstanding
- Good
- Average
- Below Average
- Unacceptable

7. Was your treatment comfortable?

- Yes
- No

8. Did we inform you (prior to treatment) of estimated costs?

- Yes
- No

9. Was your visit to our office a pleasant and positive experience?

- Outstanding
- Good
- Average
- Below Average
- Unacceptable

10. How can we improve our service to you?

11. Would you recommend our practice to family and friends?

- Yes
- No

Your comments / referral:

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12. Would you like to leave comments with Dr Kitzmiller concerning your treatment?

- Yes
- No

Your comments:

13. This survey is anonymous, but if you would like to speak to Dr Kitzmiller about your visit, please give us your contact information below.

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP:

Country:

Email Address:

Phone Number:

14. Thank you for sharing your honest opinions and concerns in this evaluation. Can we improve our survey? Please comment below:

