



PATIENT SURVEY FORM

Patient Name

How would you rate your overall visit to our office?

- Very satisfied
- Satisfied
- Somewhat satisfied

Did our Staff treat you professionally on the phone and when you came into our office?

- Yes
- No
- Comments

Were our dental assistants friendly and helpful to you and your child?

- Yes
- No
- Comments:

Were our doctors knowledgeable, helpful and professional to you and your child?

- Yes
- No
- Comments:

Did the cleanliness and comfort of our office meet your expectation?

- Yes
- No
- Comments:

Were your financial matters handled in a timely and well addressed manner?

- Yes
- No
- Comments:

Would you prefer your family and friends to us?

- Yes
- No

Please comment on how we could make your next visit better:

**Thank you,
Dr. Linda L. Tran, Associates and Staff**