

PARENT AND PATIENT SATISFACTION FORM

Dear Parent/Guardian:

This form is given to you to help Raleigh Pediatric Dentistry determine the level of satisfaction our family of parents and patients have with the service we provide. Please complete this form and return it to the receptionist. Thank you in advance for your time!

- Was the dental staff friendly, courteous and helpful on the phone when you called?

_____ Yes _____ No (if no, please explain)

- Did Dr. Olson and his staff see your child within 10 minutes of his/her appointment time?

_____ Yes _____ No

- During your visit to our office, did Dr. Olson and the dental staff do any of the following? (if no, please explain)

_____ they were friendly

_____ they were courteous

_____ they were helpful

_____ they answered my questions

_____ they genuinely cared about my child

- Is your child comfortable coming here for treatment?

_____ Yes _____ No (if no, please explain)

- Would you recommend our office to other parents for the dental treatment of their children? _____ Yes _____ No (if no, please tell us why)

- Comments you would like to tell us:

Please return this form to the Receptionist

Thank you for trusting us with your child's dental health!