

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 the doctor and staff see your child within 10 minutes of his/her appointment time? Yes No
- During your visit to our office, did the doctor 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!