



PATIENT SURVEY

1. Why did you choose us as your dental provider? (Please check all that apply)

- Quality of work
- Location
- Great service
- Friendly staff
- Other (please specify)

2. How long have you been a patient with us?

- New Patient
- 1 – 10 years
- 10+ years

3. How often do you visit the dentist?

- Every 6 months
- Yearly
- Only when I have pain

4. How do you rate us in the following areas?

	Excellent	Good	Average	Poor	NA
Office Location					
Business Hours					
Friendliness of Staff					
Skill of hygienist and support staff					
Skill of your dentist					
Handling of insurance claims					
Supplying you with dental care information					
Your treatment options being well explained					

5. Would you recommend Gargano Family Dentistry to your friends and family?

Yes

No (please explain)

Under certain circumstances (please specify)

6. What is the best way to contact you for special offers and updates on our dental practice? (please check all that apply)

Newspaper advertisement

Blurb on our website homepage

E-mail _____

Regular mail

Facebook

Other

7. Into what age group do you fall?

20 and under

21 to 50

50 +

8. Who may we thank for referring you to our office?

Friend or family (please indicate name)

Web search

Advertisement

Other

9. What is something we can do to thank you for referring others to our office?

Discount on dental services

Gift certificate to local restaurant

Free dental hygiene products

Chance to win raffle prize

No need to do anything

Any additional comments or questions please feel free to express them in the space provided below:



Thank You for helping us to improve your experience at Gargano Family Dentistry. Your information is valuable and completely confidential. Please visit our website www.dentistnorthhaven.com and 'Like' us on Facebook.