



1. When you called to make your appointment, was your call answered promptly and courteously?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

2. Did you receive an appointment convenient to your needs?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

3. When you arrived, were you properly received by our staff?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

4. Was our waiting room comfortable for you?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

5. Was your wait before seeing the doctor or hygienist acceptable?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_



6. Rate the quality of care that you received from our Dental Assistant and/or Hygienist?

- Excellent  Good  Fair  Poor

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Did you feel the Assistant or Hygienist's conduct was courteous and professional?

- Very courteous and professional  
 Courteous but not professional  
 Indifferent but professional  
 Neither courteous or professional

Comments: \_\_\_\_\_

\_\_\_\_\_

8. How would you rate the quality of care and compassion you received from your Doctor?

- Excellent  Good  Fair  Poor

Comments: \_\_\_\_\_

\_\_\_\_\_

9. Were you given instructions for continuing care?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

10. If so, were these instructions explained to you?

- Very Clearly  Fairly Clearly  Unclearly

Comments: \_\_\_\_\_

\_\_\_\_\_



11. How would you rate the appearance of Vander Schaaf/Beischel Dental Care and our staff?

- Excellent  Good  Fair  Poor

Comments: \_\_\_\_\_

\_\_\_\_\_

12. Would you like additional information on a particular service?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

13. Did we meet or exceed your expectations?

- Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

14. Any additional comments or suggestions that you feel would help us better serve you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Service: \_\_\_\_\_

Name (optional): \_\_\_\_\_