**White Earth Dental Clinic Patient Satisfaction Survey**

Provider: Imler Mork Vu Dyda Bruce Kari P. Jeri S.

Dental Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receptionist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We would like to know how you feel about your dental care. Your comments will be held in strict confidence. Your survey results will be shared with clinic administration and dental staff in the interest of improving patient care. Please add any comments you feel are important.

Please complete the following items for the Dental Patient

⁭ Myself ⁭ My child ⁭ Other family member ⁭ Designated Adult

Patient’s age:

⁭ 0-5 ⁭ 6-12 ⁭ 13-18 ⁭ 19-40 ⁭ 41-65 ⁭ over 65

Number of visits the patient has made to the dental office in the past 12 months:

⁭1 ⁭ 2 ⁭ 3 ⁭ 4 5 or more Not Sure

What treatment was provided today (circle all that apply):

⁭extraction root canal exam ⁭cleaning ⁭filling(s)

denture/partial appt. ⁭ stainless steel crown sealants ⁭

other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check Each Item:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Appointments | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
| If the staff was unable to make a follow-up appointment today, they explained how and when to contact the clinic to make one in the near future. |  |  |  |  |  |  |
| The appointment secretary was courteous and helpful. |  |  |  |  |  |  |
| Any questions regarding appointment policies were clearly answered and explained by staff. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Staff | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
| The dentist was professional and courteous. |  |  |  |  |  |  |
| The dental hygienist was professional and courteous. |  |  |  |  |  |  |
| The dental assistant was professional and courteous. |  |  |  |  |  |  |
| The staff was considerate and sensitive to my needs. |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Treatment | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | Not Applicable |
| The proposed treatment was clearly explained to me. |  |  |  |  |  |  |
| All my questions were answered. |  |  |  |  |  |  |
| Treatment alternatives were given. |  |  |  |  |  |  |
| The dental treatment was completed in a timely and efficient manner. |  |  |  |  |  |  |
| The dental staff ensured I was comfortable throughout the procedure and if discomfort was experienced, took appropriate measures to help relieve it. |  |  |  |  |  |  |
| I am pleased with the quality of dental treatment. |  |  |  |  |  |  |

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

Thank you for taking the time to complete this survey. Please place it in the suggestion box on your way out of the Dental Dept.