

White Earth Dental Clinic Patient Satisfaction Survey

Provider: Imler Mork Vu Dyda Bruce Celeste 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 (on the back).

Appointments	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
I am satisfied with the process for making an appointment.						
The appointment secretary was courteous and helpful.						
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 and alternatives were given.						
All my questions were answered.						
The dental treatment was completed in a timely and efficient manner.						
The dental staff ensured I was comfortable throughout the procedure.						
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.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0917-0036-34. The time required to complete this information collection is estimated to average 3 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336E, Washington D.C. 20201. Attention: PRA Reports Clearance Officer