

PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

RESPONDENT INFORMATION

Patient Name: Aballi, Allegra

Invite Sent:

May 2, 2016 4:00 PM

Response Received:

May 2, 2016 5:01 PM

SURVEY RESULTS

1. How would you rate your overall visit?

- Excellent
 Very good
 Average
 Not so good

2. When your appointment was over did you have a good understanding of your dental situation?

- Yes
 Not really
 I wish I knew more

3. Were your financial options explained to you?

- Yes
 No
 I already understand my financial options


4. Did you have to wait past your appointment time to be seated? If so, how long?

- No
 15 to 30 Minutes
 30 to 45 Minutes
 Over 45 Minutes

5. Did our team greet you properly?

- Yes
 Not really
 I don't recall

6. Would you refer your friends and family to us?

-  Yes
 No
 I'm not sure

7. Please comment on anyone you met during your visit, things we could change, new services you would like to see, or other ways we can make you feel more comfortable.

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Below is the original survey that your patient submitted.

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RESPONDENT INFORMATION

Patient Name: Vitale, Donna

Invite Sent:

May 2, 2016 4:00 PM

Response Received:

May 2, 2016 5:06 PM

SURVEY RESULTS

1. How would you rate your overall visit?

- Excellent
 Very good
 Average
 Not so good

2. When your appointment was over did you have a good understanding of your dental situation?

- Yes
 Not really
 I wish I knew more

3. Were your financial options explained to you?

- Yes
 No
 I already understand my financial options


4. Did you have to wait past your appointment time to be seated? If so, how long?

- No
 15 to 30 Minutes
 30 to 45 Minutes
 Over 45 Minutes

5. Did our team greet you properly?

- Yes
 Not really
 I don't recall

6. Would you refer your friends and family to us?

-  Yes
 No
 I'm not sure

7. Please comment on anyone you met during your visit, things we could change, new services you would like to see, or other ways we can make you feel more comfortable.

PATIENT SURVEY

Below is the original survey that your patient submitted.

 An alert was generated for this option

RESPONDENT INFORMATION

Patient Name: Thorne-Wynter, Alexandria

Invite Sent:

May 2, 2016 4:00 PM

Response Received:

May 4, 2016 10:42 AM

SURVEY RESULTS

1. How would you rate your overall visit?

- Excellent
- Very good
- Average
- Not so good

2. When your appointment was over did you have a good understanding of your dental situation?

- Yes
- Not really
- I wish I knew more

3. Were your financial options explained to you?

- Yes
- No
- I already understand my financial options


4. Did you have to wait past your appointment time to be seated? If so, how long?

- No
- 15 to 30 Minutes
- 30 to 45 Minutes
- Over 45 Minutes

5. Did our team greet you properly?

- Yes
- Not really
- I don't recall

6. Would you refer your friends and family to us?

-  Yes
- No
- I'm not sure

7. Please comment on anyone you met during your visit, things we could change, new services you would like to see, or other ways we can make you feel more comfortable.