

## How Are We Doing?

*(Circle one)*

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|---|-----|----|
| 1. Did we answer the telephone pleasantly and promptly?                             | Yes | No |
| 2. Were you pleasantly greeted within a few minutes of entering our reception room? | Yes | No |
| 3. Was your visit in the reception room reasonably short?                           | Yes | No |
| 4. Was the reception area clean and comfortable?                                    | Yes | No |
| 5. Was your treatment in our office pleasant?                                       | Yes | No |
| 6. Was your bill what we stated it would be?  | Yes | No |
| 7. Did we explain your needed dental treatment and fees to your satisfaction?       | Yes | No |
| 8. Was our staff pleasant and helpful to you during treatment?                      | Yes | No |
| 9. What did you like MOST about our office?   |     |    |

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10. What did you like LEAST about our office?

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11. Any suggestions?

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**Please print this page and mail to our office address below or fax to 203-630-3021.**

Since we are continually trying to improve our service to you, our valued patient, please let us know anything we can do to make your visit more pleasant! We want to do everything possible to make your dental experience the best it can be. Visit our website for more information. [www.dentalgroupct.com](http://www.dentalgroupct.com)