



## Parent Survey

So that we may better serve you and your child, please take a few moments to answer these questions. We value your opinion and want you to help us be sensitive to your child's needs. It is not necessary to sign the questionnaire, but you may if you choose.

- Are your telephone calls to our practice answered promptly and courteously?  
Yes\_\_\_ No\_\_\_ Comments: \_\_\_\_\_
- Do you receive frequent busy signals? Yes\_\_\_ No\_\_\_
- Are telephone calls requiring a return call from the dentist or one of our staff members returned as promised? Yes\_\_\_ No\_\_\_
- Are the hours of operation convenient for you and your family? Yes\_\_\_ No\_\_\_  
Comments: \_\_\_\_\_

About how much time elapsed between your call to schedule and the appointment date? Please check type of appointment and time:

**Type of Appointment This Visit:**

New Examination \_\_\_\_\_  
 Routine-Cleaning \_\_\_\_\_  
 Restorative Treatment \_\_\_\_\_  
 Preventive Treatment \_\_\_\_\_  
 Emergency \_\_\_\_\_

**Time:**

Immediately \_\_\_\_\_  
 1-3 days \_\_\_\_\_  
 4-7 days \_\_\_\_\_  
 7-14 days \_\_\_\_\_  
 Longer than 14 days \_\_\_\_\_

- When you arrived for your child's appointment, were you greeted immediately and courteously? Yes\_\_\_ No\_\_\_
- Did you find the parking lot, reception room, patient restroom and treatment rooms clean? Yes\_\_\_ No\_\_\_
- Was your child's treatment clearly explained to you? Yes\_\_\_ No\_\_\_
- Were our fees and financial procedures adequately explained to you before and during your appointment?  
Yes\_\_\_ No\_\_\_ Comments: \_\_\_\_\_
- Are our fee statements easy to understand? Yes\_\_\_ No\_\_\_  
Comments: \_\_\_\_\_

What do you like best about our practice? \_\_\_\_\_

What do you like least about our practice? \_\_\_\_\_

What do you suggest to improve our service in the future? \_\_\_\_\_

Would you recommend us to others in your family and to your friends? Yes\_\_\_ No\_\_\_

Why or Why Not: \_\_\_\_\_