

Pediatric Dentistry of Sunset Hills

3555 Sunset Office Drive Suite 210

Sunset Hills, MO 63127

314-822-2764

Patient Exit Survey

We at Pediatric Dentistry of Sunset Hills are sad to see you go, but hope that your child's time here was memorable and pleasant! Please fill out the following survey at your convenience and either fax or mail it back to us so that we know how your child's experience with us was and if you feel it could have been improved, or you love it just the way it was!

Excellent

10

Satisfactory

5

Poor

1

Please circle

- | | |
|--|----------------------|
| 1. Friendliness and helpfulness of telephone contact. | 10 9 8 7 6 5 4 3 2 1 |
| 2. Scheduling availability of the doctor. | 10 9 8 7 6 5 4 3 2 1 |
| 3. Promptness and friendliness of reception coordinators at arrival. | 10 9 8 7 6 5 4 3 2 1 |
| 4. Time spent waiting for the doctor. | 10 9 8 7 6 5 4 3 2 1 |
| 5. Friendliness and helpfulness of the dental assistant. | 10 9 8 7 6 5 4 3 2 1 |
| 6. Concern shown for my child or children by the doctor. | 10 9 8 7 6 5 4 3 2 1 |
| 7. Explanation of child's condition by the doctor. | 10 9 8 7 6 5 4 3 2 1 |
| 8. Explanations of preventive health care by doctor and staff. | 10 9 8 7 6 5 4 3 2 1 |
| 9. Opportunity to ask questions about my child or children. | 10 9 8 7 6 5 4 3 2 1 |
| 10. Help us to improve by adding any additional suggestions. | |

11. Which doctor did you see? (please circle one)

Dr. Craig Hollander Dr. Mark Fernandez Dr. Daniel Autry Dr. Emily Price Dr. William Albrecht

Parent/Guardian signature (optional) _____

Pediatric Dentistry of Sunset Hills