



SURVEY

	Poor	Fair	Good	Excellent
Ease of scheduling the appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How were you greeted on the phone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How was the office environment? (Cleanliness, comfort, lighting, temperature, location)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were you pleasantly greeted upon walking in the door?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How was the wait time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how would you rate your experience with Lechner Family Dentistry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Surely Not	Mostly Not	Mostly Yes	Surely Yes
Did the doctor/hygienist answer all of your questions and concerns?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel the provider spent an appropriate amount of time with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Will you come back to Lechner Family Dentistry for any future dental work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would you recommend a friend or family member to Lechner Family Dentistry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS _____
