



Patient Questionnaire

It is our aim to provide patients and families with the highest quality care possible. This questionnaire has been designed to help us evaluate our services. You will be helping us greatly by taking a few minutes to complete this form. Your time is most appreciated.

	Strongly Agree	Agree	Disagree	N/A
Was the financial information regarding your treatment explained well	4	3	2	1
Was the staff professional	4	3	2	1
Were you greeted when you walked in	4	3	2	1
Did you understand the procedures that we're doing	4	3	2	1
Did you feel comfortable while waiting in our reception area	4	3	2	1
Do you feel like you get one on one attention from the staff	4	3	2	1
Are all your needs being considered and discussed	4	3	2	1
Are you promptly seen on time for scheduled appointments	4	3	2	1

Describe the most memorable thing that took place during your orthodontic treatment:

What do you like best about our office? _____

What do you like least about our office? _____

We like to treat our patients so well that they will feel comfortable in recommending us to their friends and loved ones.

Will you recommend us? _____

_____ Name (optional)