

Patient Satisfaction Questionnaire



In order to find out how we are meeting your needs, we would like to ask you a few questions about the care you received at MyEndodontist. Your comments will be held in strict confidence. We appreciate your feedback that will help improve our services for all future patients. Thank you for your comments.

	<i>Agree</i>	<i>Unsure</i>	<i>Disagree</i>
Scheduling a convenient appointment was flexible and relatively easy			
The reception and treatment rooms were neat and clean			
The staff was courteous, helpful, and professional			
The endodontist & team listened, understood and addressed my dental concerns			
The endodontist explained the treatment options clearly and concisely			
Your questions to the staff and endodontist were answered to your satisfaction			
You were made comfortable at the time of treatment			
The quality of service delivered was professional and met your expectations			
Your accounts were explained and managed appropriately			
Please provide any additional comments about our practice and/or service:			

Name: _____

Date: _____