

CENTER FOR FACIAL, ORAL & IMPLANT SURGERY

PATIENT SATISFACTION SURVEY

Your assistance in completing this survey will further our efforts to provide the highest level of efficient, personalized care. We would sincerely appreciate your taking a few moments to express your opinions. Please complete and return this form to Center for Facial, Oral & Implant Surgery, 705 E. Marshall Ave., Suite 4003. We thank you for helping us improve our services to you.

Date of visit: ___/___/_____

Which surgeon did you see?: Gregory Hatzis DDS, MD Dr. Paul Chahal DDS

Patient name (optional) _____

Please check the appropriate response:

- 1) Was the person who answered the phone friendly, helpful, and interested? Yes No N/A
- 2) Was the office easy to find and inviting from the exterior, with adequate parking? Yes No N/A
- 3) Was the office staff pleasant and helpful when you arrived at the facility? Yes No N/A
- 4) Were you seen at your scheduled appointment time? Yes No N/A
 - a) If not, how long did you wait? _____
 - b) Were you advised of any delays? Yes No
- 5) Was your surgery and anticipated result adequately explained to you? Yes No N/A
- 6) Was your surgeon understanding, patient and caring? Yes No N/A
- 7) Were the assistants understanding, patient and caring? Yes No N/A
- 8) Were the financial transactions conducted in a satisfactory manner? Yes No N/A
- 9) Were the following areas clean and comfortable?

Reception area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Examining room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Bathrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
- 10) Were the instructions you received for your care at home satisfactory? Yes No N/A
- 11) Would you recommend our services without hesitation? Yes No N/A
- 12) Would you like the Practice Administrator to call you to discuss your survey results? Yes No

If Yes, please list name and phone number where you can be reached: _____

Other Comments: [Use the back of this page for additional comments]

THANK YOU!