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 DIPLOMATE AMERICAN BOARD OF ORTHODONTICS
 PRACTICE LIMITED TO ORTHODONTICS

Post Orthodontic Survey

In an effort to provide you with the best possible care and service, we ask that you help us by completing this brief survey. Please feel free to make any comments in the space provided at the bottom of the page or on the reverse side. Surveys are confidential.

The person completing this survey is _____ The Patient
 _____ The Parent

Codes for Grading: 1 = Always
 2 = Usually
 3 = Sometimes
 4 = Rarely
 5 = Never

- _____ The Doctor was open, honest, and thorough in answering my questions.
- _____ The Doctor spent sufficient time with me / my child.
- _____ I understood from the beginning of treatment what I / my child must do to achieve a good result.
- _____ I was kept informed of my / my child's progress during treatment.
- _____ I am confident I / my child received the best possible result.
- _____ Treatment was completed on schedule.
- _____ I usually had to wait _____ 0-5 minutes _____ 5-10 minutes _____ 10-15 minutes to be seen by the Doctor.
- _____ The office hours were convenient for my schedule.
- _____ The front desk staff was courteous, friendly, and helpful.
- _____ The assistants were courteous, friendly, and gentle.
- _____ My finances / insurance were handled properly.
- _____ I feel the orthodontic treatment was a "good value" for the amount of time and money spent.
- _____ I would recommend this office to my friends and family.
- _____ I plan on telling my dentist that I was pleased with the results and service I received at this office.
- _____ My overall experience with the practice has been:
 _____ Excellent _____ Good _____ Fair _____ Poor

Three words I would use to describe this practice:

- 1) _____
- 2) _____
- 3) _____

_____ I am pleased to answer these questions to help improve the practice.

If there was one thing we could do to improve the quality of care, what would it be?

Additional Comments: _____
