JOHN J. SCHINTO III, DDS

SCHINTO DENTAL

Patient Survey

Thank you for choosing us as your dental practice. We welcome your suggestions to help us improve our care to you. Please complete the following information by selecting the most appropriate answer.

Patient Name (Optional):_____

1. Did we make you feel welcome and serve you in a friendly manner?
   Yes No

2. Did the team meet you properly?
   Yes Not really I don't recall

3. Were your financial options explained to you?
   Yes No I was already aware of my financial options

4. When your appointment was over did you have a good understanding of your dental situation?
   Yes Not really I wish I knew more about my treatment

5. Did you have to wait past your appointment time to be seated? If so, how long?
   No 15 to 30 min. over 30 min.

6.. How would you rate your overall visit?
   Excellent Very good Average Not so good

7. Would you refer our office to a friend or family member?
   Yes No I'm not sure

8. Please comment on anyone you met during your visit, things we could change, new services you would like to see, or ways we can make you feel more comfortable.