

New Patient Survey

- Please indicate the office you visited/received treatment: Hudson Warren
- Do we answer the phone promptly, politely? Yes No
- Were you put on 'hold' too long? (if applicable) Yes No
- Were you greeted upon arriving at our office? Yes No
- Did we see you at your scheduled appointment time? Yes No
- Did the treatment coordinator give you a tour of our office? Yes No
- Was Dr. Scott and the treatment coordinator friendly and caring towards you? Yes No
- Were all of your treatment related questions answered? Yes No
- Did our treatment coordinator present more than one finance option? Yes No
- Do you feel that Dr. Scott and the treatment coordinator spent enough time with you? Yes No
- Would you refer friends and family to us for orthodontic treatment? Yes No

Overall, how satisfied were you with us?

- Not at all satisfied
- Somewhat satisfied, but I still have questions
- Overall satisfied
- Very, very happy, when can we get started!

General Comments:

What did you like best about us?

What did you like least?

Anything else?

Name

Last

First

Address

Phone

Email