

Date _____

PATIENT SATISFACTION QUESTIONNAIRE

Our goal is to provide you with the very best endodontic service possible. In order to accomplish this goal, we need your help. Please take a few moments to complete this short questionnaire.

1. How did you hear about our practice? (Please check all that apply.)
 - a. Referred by my dentist
 - b. Dental Insurance provider list.
 - c. Recommended by a friend, family member, co-worker, etc.
 - d. Internet
 - e. Yellow Pages

2. Please check out our web site at www.DrMontagneseEndo.com and let us know what you think. We would appreciate your comments in order to make it helpful to those who have questions about our practice.

3. How would you rate your treatment at our office? Excellent__ Good__ Fair__ Poor__

4. Would you refer your family and friends to our office? Yes__ No__

5. What impressed you the most favorably?

6. What can we do to improve?

If you are satisfied with the treatment you received at our office, please let your dentist know. It is important for him/her to be confident that her/his patients are happy with their specialty care. Thank you for taking the time to complete this questionnaire. It has been our pleasure to serve you.

Dr. Montagnese & Staff