

PARENT AND PATIENT SATISFACTION FORM

Dear Parent/Guardian:

This form is given to you to help Kids Plus Pediatric Dentistry, P.C. determine the level of satisfaction our families of parents and patients have with the service we provide. Please complete this form and return it to the receptionist. Thank you in advance for your time!

- Was the dental staff friendly, courteous and helpful on the phone when you called?

Yes No (if no, please explain)

- Did the dentist and her staff see your child within 10 minutes of his/her appointment time?

Yes No

- During your visit to our office, did the dentist and her dental staff do the following? (if no please explain)

they were friendly
 they were courteous
 they were helpful
 they answered my questions
 they genuinely cared about my child

- Is your child comfortable coming here for treatment?

Yes No (if no, please explain)

- Would you recommend our office to other parents for the dental treatment of their children?

Yes No (if no, please tell us why)

- Comments you would like to tell us:

Please return this form to the Receptionist
Thank you for trusting us with your child's dental health!