

PARENT AND PATIENT SATISFACTION FORM

Patient Care Transfer

Dear Parent / Guardian:

This form is given to you to help Dr. Elliott, Dr. Molina and their TEAM determine the level of satisfaction their family of parents and patients have had with the service we provided. Please complete this form and return it to the receptionist. Thank you in advance for your time!

- Was the dental team friendly, courteous and helpful on the phone when you called?
_____ Yes _____ No (if no, please explain)
- During your visit to our office, did Dr. Elliott, Dr. Molina and the dental team do any of 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
- Was 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:



If at any time we can be of assistance with the dental care of your child, please do not hesitate to call us.

Thank you for trusting us with your child's dental health!

Please mail or return this form to the Practice Administrator