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West Bridgewater, MA 02379

Patient Satisfaction Survey

In an ongoing effort to provide the best service to our patients, we have developed this Patient Satisfaction Survey. We value your opinion and appreciate your feedback.

1. Why did you choose this office?

2. Please rate the dental staff's professionalism.

Poor Fair Average Good Excellent

3. Please rate the dental staff's friendliness and helpfulness.

Poor Fair Average Good Excellent

4. How well were your dental health and recommended treatment options explained to you?

Poor Fair Average Good Excellent

5. Please rate the appearance and cleanliness of the office.

Poor Fair Average Good Excellent

6. What level of effort was made to make you feel comfortable?

Poor Fair Average Good Excellent

7. Please rate your OVERALL satisfaction with our service.

Poor Fair Average Good Excellent

8. Would you recommend our dental practice to others?

Yes No (if no why) _____

9. How can we improve our service?

10. Any further comments or suggestions?

We thank you for your time in helping us provide you and any referrals you may have given us with optimal dental health.