

## All In The Family Dental Customer Satisfaction Survey

By completing this survey, you help our office to better understand your needs as a patient and provide you with the best service possible. *Filling out this survey is completely optional.*

**Which dentist do you usually see for treatment and exams?**

Dr. Manchette     Dr. Moll     Dr. Adam Frounfelter     Dr. Allie Frounfelter

	YES	NO	SOMEWHAT
<b>Are you generally greeted appropriately and do you feel at ease when you arrive in our office?</b> <i>Optional comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did you feel comfortable during your procedure?</b> <i>Optional comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do we provide convenient hours for you and your family?</b> <i>Optional comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do you like the atmosphere of our office?</b> <i>Optional comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are you satisfied with our location in Evansville?</b> <i>Optional comments:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Have you ever considered using a different dentist?</b> <i>If your answer was "yes," please let us know how we might serve you better.</i>	<input type="checkbox"/>	<input type="checkbox"/>	

**Are you generally pleased with your check out experience?**

*Optional comments:*

**Does All In The Family Dental provide you with enough information about prices, services and general procedures?**

*Optional comments:*

**Thank you for Helping! You Are a Valued All In The Family Dental Patient!**

**I wish to remain anonymous**

If you want to be added to our mailing list, don't forget to leave your email address, below.

**Email Address** \_\_\_\_\_

**Name** \_\_\_\_\_

If you would like to leave a brief testimonial about *All In The Family Dental*, please write down your thoughts. With your permission, we may use your testimonial about our dental practice!

**I do not mind if you use my testimonial! But, please do not use my full name.**

*I like All In The Family Dental because:*