



"Your Child's Care is Our Focus!"

Parent and Patient Satisfaction Form

Dear _____,

Would you be kind enough to help Tot2Teen Dental determine the level of satisfaction of our family of parents and patients with the service(s) we provide. Please complete this form and return it to the receptionist or e mail it back to our office. Thank you in advance for your time!

1. Was the dental staff friendly, courteous and helpful on the phone when you called?
_____ yes? or _____ no? (if no, please explain).

2. Did the doctor and staff see your child within 10 minutes of her/his appointment time?
_____ yes? or _____ no?

3. During your visit to our office, did the doctor and dental staff do any of the following?
 - a. they were friendly? _____ yes? or _____ no?
 - b. they were courteous? _____ yes? or _____ no?
 - c. they were helpful? _____ yes? or _____ no?
 - d. they answered my questions? _____ yes? or _____ no?
 - e. they genuinely cared about my child? _____ yes? or _____ no?
(if no, please explain)

4. Is your child comfortable coming here for treatment?
_____ yes? or _____ no?

5. Would you recommend our office to other parents for the dental treatment of their children?
_____ yes? or _____ no?

6. Other comments?

Thank you for allowing us to care for your child's dental health!

Dr. Anita B Gartner Inc. *Certified Specialist in Pediatric Dentistry*

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