

Striving for Excellence Survey

We hope that you have had a comfortable and pleasant experience in our office. We would greatly appreciate it if you would take a moment to share your impressions of our practice. We are always striving to be the best that we can.

A - Exceeds your expectations B - Meets your expectations C - Needs improvement

- | | | | |
|--|-----|----|---|
| 1. Your overall experience in our office | A | B | C |
| 2. Flexibility in arranging appointments | A | B | C |
| 3. Handling of your phone calls | A | B | C |
| 4. Explanation of treatment procedures | A | B | C |
| 5. Our respect of your time | A | B | C |
| 6. Professionalism and concern of receptionists | A | B | C |
| 7. Gentleness and concern of chairside assistants | A | B | C |
| 8. Gentleness and concern of hygienists | A | B | C |
| 9. Gentleness and concern of the doctor | A | B | C |
| 10. Comfort of the reception area | A | B | C |
| 11. Comfort of the treatment area | A | B | C |
| 12. Our response and attentiveness to problems | A | B | C |
| 13. Our ability to answer your insurance and financial questions concisely and understandably. | A | B | C |
| 14. Would you recommend our office to friends and family? | Yes | No | |

Please provide any comments that would help us to improve our service to you.

Name and address (Optional) _____



Joel Shields, DDS
3220 Gus Thomasson Road, Suite 347
Mesquite, TX 75150

Thank You!