

# You Talk and We'll Listen



Our goal at Smile Orthodontics is to meet and surpass the expectations of all our patients and their families. It is only through your feedback that we can both enjoy our success and work to improve areas that need attention. Thank you for taking the time to answer these few questions on this important day as orthodontic treatment is complete. We very much appreciate your sincere comments.

	Above Expectations	Met Expectations	Below Expectations
Please think back to your initial new patient evaluation. Was it professional, informative, timely and organized?			
Our goal is for our staff to always be professional yet friendly. Were they?			
At every appointment we attempted to keep you informed as to the progress of treatment. How was our communication?			
Our clinical team is trained to be as gentle as possible during procedures. Did we accomplish that?			
We attempt to keep our facility attractive, clean and comfortable for patients and parents. Was it?			
We realize that orthodontic treatment is a substantial financial investment. Did our financial options accommodate your needs?			
We want our front desk staff to make patients and parents feel welcomed and important at every visit. Did they accomplish that?			
We try to work with our patients to schedule as many of their appointments as possible at convenient times. How did we accommodate your schedule?			
As important as customer service, professionalism, etc. is to us, the bottom line is that we want you to be pleased with our results. How did we do?			
If at any time during treatment you had a negative experience with our practice or our staff, we would appreciate you giving us a brief explanation of the situation so that we might work to insure it does not happen in the future:			
We would like to share any positive comments you might have about us with our staff and other potential patients. Please feel free to talk about us:			
<b><u>OPTIONAL:</u></b>			
Patient Name: _____		Survey Completed By: _____	
Date Completed: _____		May we quote you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Thanks for your future referrals!