

**Lassiter Allen Dental Group**  
**Patient Survey; Tell Us About Your Visit**  
**Choose All That Apply**

**How did you first hear about us?**

Family/Friend   Patient   Radio   Google   Drive By   Other (please specify)

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**What made you choose us as your Dental Office? (Choose all that apply)**

Location   Friendly Staff   Quality of Work   Great Service   Other (please specify)

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*On a Scale of 1 – 5 with 5 as Excellent Please Grade the Following:*

**Appointments**

*It was easy to make my first appointment*   1   2   3   4   5

*Our Front Office Team was polite and helpful*   1   2   3   4   5

*I received a reminder(s) for each of my Appointments*   1   2   3   4   5

*It was easy to schedule a convenient Appointment*   1   2   3   4   5

*I was seen on time or was given a reason for delay*   1   2   3   4   5

**Staff**

*The Dentist was professional and courteous*   1   2   3   4   5

*The Hygienist was professional and courteous*   1   2   3   4   5

*The Dental Assistant was professional and courteous*   1   2   3   4   5

*The Dentist was considerate and sensitive to my needs*   1   2   3   4   5

*The Hygienist was considerate and sensitive to my needs*   1   2   3   4   5

*The Dental Assistant was considerate and sensitive to my needs*   1   2   3   4   5

**Treatment**

*My proposed dental treatment was clearly explained by the Dentist*   1   2   3   4   5

*Any questions I had about my treatment were answered*   1   2   3   4   5

*Financial Options were offered and explained to me*   1   2   3   4   5

*Fees, Insurance Benefits were explained prior to my treatment*   1   2   3   4   5

*I am pleased with the quality of my dental treatment*   1   2   3   4   5

*I was given good home care instructions and my questions after treatment were answered and understood.*   1   2   3   4   5

*What I liked best about the office:*

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*In what way could we have made your experience better?* \_\_\_\_\_

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*May we share your survey on our Website? FaceBook?*

*Name (optional)* \_\_\_\_\_