

Levy Dental Group
921 State St. New Haven, CT 06511
Anonymous Survey #1
We want your input.

We value your opinion. Please take a moment to answer this short questionnaire to help us in our quest to better serve you.
You are **not** required to sign your name.

1) On a scale of 1-10 (10 being exceptional), rate your past experiences at Levy Dental Group? _____

2) Are the waiting room, treatment room, and surrounding areas clean and orderly? _____

3) Did the assistant or hygienist escort you to the chair in a timely manner and make you comfortable? _____

4) Did any one team member stand out at this visit, either positively or negatively? _____

Circle One: Positive Negative

Team Member Name: _____

Comments: _____

5) If we could improve upon something in our office, what would it be?

Please drop this survey in the "Patient Survey" box.
Thank you for your participation.

Name (optional): _____