

# *Levy Dental Group*

921 State St. New Haven, CT 06511

## *Anonymous Survey #2*

*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) When making your appointment, was the team member you spoke with courteous and helpful? \_\_\_\_\_

2) Do you understand the treatment you received or will receive? \_\_\_\_\_

3) Do you understand the importance of having your teeth cleaned at least twice a year? \_\_\_\_\_

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

Circle One:                      Positive    Negative

Team Member Name: \_\_\_\_\_

5) On a scale of 1 - 10 (10 being exceptional), rate your visit with us today? \_\_\_\_\_

Please drop this survey in the "Patient Survey" box.

Thank you for your participation.

Name (optional): \_\_\_\_\_