

# *Levy Dental Group*

921 State St. New Haven, CT 06511

## *Anonymous Survey #3*

*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) Were you greeted pleasantly upon your arrival at the office and seen for your treatment in a pleasant and timely fashion? \_\_\_\_\_

2) Do you feel that the doctor or hygienist understood your needs or concerns? \_\_\_\_\_

3) Were your financial options explained to you prior to the start of your treatment? \_\_\_\_\_

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

5) What would you like to see improved in our office?

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

Thank you for your participation.

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