

## PARENT/PATIENT SATISFACTION FORM

Dear Parent / Guardian:

*This form is given to you so that Dr. Slonkosky and his TEAM may determine the level of satisfaction their family of parents and patients have had with the service we provided. We cannot improve our service without feedback from our patients. Please complete this form and return it to Dr. Slonkosky. Thank you in advance for your time!*

- Was the dental team friendly, courteous and helpful on the phone when you called?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please explain)
  
- During your visit to our office, did Dr. Slonkosky and the dental team do any of the following? (if no, please explain)
  - \_\_\_\_\_ they were friendly
  - \_\_\_\_\_ they were courteous
  - \_\_\_\_\_ they were helpful
  - \_\_\_\_\_ they answered my questions
  - \_\_\_\_\_ they genuinely cared about my child
  
- Was your child comfortable coming here for treatment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please explain)
  
- Would you recommend our office to other parents for the dental treatment of their children?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please tell us why)
  
- Comments/Review you would like to tell us:

*If at any time we can be of assistance with the dental care of your child, please do not hesitate to call us.*

**Thank you for trusting us with your child's dental health!**