

Nick Levi, DDS

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Dear Patient

It is our hope that you have been pleased with the dental care received from us. It is also our desire to offer you the best of dental treatment in the future. It is to be hoped, that by working together on the PREVENTATIVE care of your mouth, we can keep Your dental TREATMENT needs to a bare minimum in the future. So we may serve you better, will you please take a minute or two to answer these questions. We would really appreciate it!

1. **Were you referred to our office?** Yes.....No.....

A) by another doctor? Yes.....No.....

B) by another patient? Yes.....No.....

2. **Have you referred anyone to us?** Yes.....No.....

3. **Would you recommend our services to others?** Yes.....No.....

4. **Do you find the office personnel as courteous and concerned as You would like?** Yes.....No.....

Comments:

5. **Were the office and treatment procedures explained clearly and to your satisfaction?** Yes.....No.....

Comments:

6. **Do you feel "at home" in the office and free to ask any questions either about financial arrangements or treatment procedures?** Yes.....No.....

Comments:

8. **Do you prefer e-mail/internet or conventional mail communications (recalls, statements, payments, appointment information etc.)** e-mail standard mail

7. **Do You have any suggestions for improving our services to you in the future?** Yes.....No.....

Comments:

Thank You!

Name (optional) _____