



LAMPARSKI ORTHODONTICS

PARENT SURVEY

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|----------------|-------|---------|----------|-------------------|
| The office is modern and comfortable. | | | | | |
| The office and equipment are up-to-date. | | | | | |
| The receptionist treats us in a friendly manner. | | | | | |
| The staff makes us feel welcome. | | | | | |
| The assistants are a credit to the office. | | | | | |
| The doctor and staff get along well. | | | | | |
| I know who to talk to concerning specific needs. | | | | | |
| It is easy to get a convenient appointment. | | | | | |
| The doctor is on time for my child's appointments. | | | | | |
| The office runs smoothly and at a nice pace. | | | | | |
| I like the magazine selection in the office. | | | | | |
| The doctor keeps current with new techniques and ideas. | | | | | |
| I respect the doctor as a professional. | | | | | |
| I am kept up-to-date on treatment progress. | | | | | |
| I trust the doctor. | | | | | |
| I recommend the doctor to others. | | | | | |
| The doctor shows concern if my child has discomfort. | | | | | |
| The doctor takes time to discuss things with me. | | | | | |
| I feel the doctor likes my child. | | | | | |
| I am pleased with the results of my child's treatment. | | | | | |
| The doctor's fees are reasonable. | | | | | |
| Financial arrangements are clearly explained. | | | | | |
| I am satisfied with our payment arrangements. | | | | | |
| The staff helps me understand our dental insurance. | | | | | |
| My child enjoys getting birthday and Christmas cards. | | | | | |
| I like when the doctor phones us at home. | | | | | |

What do you like best about our office?

What can we improve?

Additional comments:

Which office do you routinely visit?