

# Dr. Robert M. Lazarow Feedback Form

## — Tell Us What You Think

### Section 1: Multiple Choice

Why did you choose our dental office?

Referred by  family,  friend,  other \_\_\_\_\_

- Convenient location
- Convenient hours
- Heard good things about the practice
- Other

How many of your family members are patients of Dr. Lazarow?

- Only me
- Myself and one other
- Myself and two others
- Myself and three or more others

Which of the following would you like to learn more about?

- Dental technology
- Cosmetic dentistry
- Gum disease
- Insurance
- Other

What time of the day and day of the week are the best times for you to visit the practice?

- Early morning
- Midday
- Later afternoon
- M             T             W             Th             Fr             Sa

Why do you think most people don't go to the dentist more often?

- They don't need dental care
- Fear
- Not enough time
- Costs too much
- Other

In helping you understand oral hygiene, how much are we emphasizing the importance of brushing and flossing?

- Enough             Too much             Not enough

**Section 2:** Always, Sometimes, Never

When I phone the office, I receive prompt, courteous attention.

- Always                       Sometimes                       Never

If I call with a concern, I am able to schedule an appointment on very short notice.

- Always                       Sometimes                       Never

When I enter the office, I am quickly acknowledged and attended to

- Always                       Sometimes                       Never

My appointments start on time, or, if I have to wait, the team is concerned and apologetic.

- Always                       Sometimes                       Never

The dental team is competent, organized, careful and enthusiastic.

- Always                       Sometimes                       Never

The doctor and team encourage my questions and answer them in terms I can understand.

- Always                       Sometimes                       Never

I am comfortable referring my friends and family to this practice.

- Always                       Sometimes                       Never

The doctor and team clearly explain my treatment in terms I can understand.

- Always                       Sometimes                       Never

Before treatment begins, I understand the treatment and costs.

- Always                       Sometimes                       Never

**Section 3:** Yes, No (Maybe So)

Are our financial policies flexible enough to help you get the care you need?

- Yes                       No

Do we as a team conduct ourselves professionally?

- Yes                       No

Are you satisfied with the information and encouragement our hygienists give you?

- Yes                       No

Did you know that our philosophy is not only to treat dental disease but to stop it from happening in the first place?

- Yes                       No

Overall, are you satisfied that this is your dental home for life?

- Yes                       No

**Section 4: Speak Your Mind**

What I like most about this practice is:

---

---

---

---

This practice could serve me better by:

---

---

---

---

Thank you for taking time to fill out this form. Our goal with this survey is to learn how to serve you better.

Thanks again!

---

---

---

---