

**Eisner Oral Surgery
Patient Satisfaction Survey**

You are an important person to all of us here at Eisner Oral Surgery and we strive to make your visit with us a very positive experience.

It is our practice philosophy to continually look for ways to improve the quality of care we provide to patients. We would greatly appreciate you taking the time to complete our patient service survey. Your answers and comments will be of great assistance to us in providing the best patient care possible. Every person's experience is of the utmost importance to our office. Rest assured that each survey will be carefully reviewed to gain insight as to how we might serve you better.

Thank you for your time,

Sonny S. Dibiasi

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Administrator

Eisner Oral Surgery

PATIENT SCHEDULING & RECEPTION

Phone etiquette (quickness, courteousness, professionalism)? Yes No

How your experience was in amount of time spent waiting on "hold"? _____

How was your experience in Scheduling your appointment(s)?

Comments _____

Check out and payment process?

Comments _____

Did our office run on schedule? Yes No

How long did it take to accommodate you with an appointment following referral by dentist or self?

On arrival at the office, were you greeted in a professional and timely manner? Yes No

Was our reception area comfortable? Yes No

Were you given a reasonable estimate of wait time upon your arrival? Yes No

How long did you wait after completing the registration process to be taken to a room? _____

OFFICE APPEARANCE & PATIENT COMFORT

Office in general was comfortable and pleasant to be in? Yes No

Staff members were courteous and professional? Yes No

Staff members responsiveness to patient's needs were favorable? Yes No

Office used precautionary care regarding sterilization, contamination and other hazards? Yes No

TREATMENT

Treatment procedures and diagnosis were explained and understandable? Yes No
Doctor and staff spent enough time with you? Yes No
Doctor and staff were efficient in delivering high quality care? Yes No
Was our surgical suite comfortable? Yes No
Was our recovery room comfortable? Yes No
Was the clinical staff knowledgeable and professional during interactions? Yes No
Did Dr. Eisner address your health issue and provide a treatment plan that you understood? Yes No
Did the staff address your questions and concerns? Yes No
How long did you wait after being brought in to a treatment room before Dr. Eisner did your consultation? _____

FINANCIAL

Was billing and insurance explained properly? Yes No
Fees were properly explained? Yes No
Options were provided to pre-authorize treatment or pay for procedure? Yes No

OTHER

Doctor and staff have team attitude and communicate well together? Yes No
You feel comfortable in recommending us to family or friends? Yes No
Names of staff members that assisted in your care:

_____ Did any of our staff members leave a memorable experience (positive or negative)? Yes No

Describe your overall facility experience. Please feel free to give both negative and positive experiences. We welcome your ideas, suggestions and comments on how we are doing and what we can do to make our patients' visits more enjoyable:

If Follow-up appointment/surgery required: How long will it be before your appt? _____ How long will it be before your surgery? _____

How did you learn about our practice? _____

May we contact you regarding your comments? Yes No
If yes, please print your name and number where we can reach you:

THANK YOU FOR YOUR ASSISTANCE!