



orthodontics

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Here at Frost Orthodontics, our goal is to give the best possible orthodontic treatment as well as have an office that is warm and friendly. Dr. Frost and his staff would like to ask you, as a patient or parent of a patient, a couple of simple questions. Your answers will help educate us to how we can better serve you, the patient. Any feedback would be great!

1. How would you rate our quality of service?

- | | | | |
|--------------------|--------------|---------|----------------------|
| A. Friendliness | a. Excellent | b. Good | c. Needs Improvement |
| B. Professionalism | a. Excellent | b. Good | c. Needs Improvement |
| C. Staff Knowledge | a. Excellent | b. Good | c. Needs Improvement |

2. Were you seen at your appointed times? a. yes b. no

If no, how long was your wait? _____

3. Did you ever feel rushed at our office? a. yes b. no

4. How do you rate our appointment availability? a. Excellent b. Good c. Needs Improvement

5. Did you find our office setting comfortable? a. yes b. no

6. How would you rate us in communications, both written and verbal? Please consider: answering questions, returning calls, appliance instructions, etc.

- a. Excellent b. Good c. Needs Improvement

7. Would you feel comfortable recommending your family or friends to our office? a. yes b. no

8. What did you like best about our office? _____

9. What did you like least about our office? _____

10. If we could make any changes/improvements, what would you recommend?

11. Were you and your child pleased with the way you were treated? Please comment: _____

Thank you for your time and consideration. You may print and return completed surveys to our office or e-mail them to krystal@frostortho.com. Thank you!

Office Use Only: Date received: _____ Reviewed by: _____