

John E. Sullivan Dental Practice Patient Comment Guide

Dear Patient,

Please share your comments on as many of these topics as you'd like.

Office Surroundings

Comments: _____

Reception and Scheduling

Attentiveness and responsiveness to your questions and requests?

Comments: _____

Telephone Communications

Inquiries

Appointment reminders, scheduling / rescheduling?

Service when you've sought information over the phone from us?

Comments: _____

Educational

Do you feel that we clearly communicate our at-home oral care instructions? Any suggestions for doing so better?

Have you found the printed materials for home care that we've provided to be easy to understand and thorough?

Comments: _____

Dental Hygienist Services

Comments: _____

Scheduled Care Services

Annual visits and cleaning?

Whitening (if applicable)?

Comments: _____

Special Services (Restoration, etc.) (Please specify type and experiences)

Comments: _____

YOUR NAME (Optional) _____ Home Phone _____

Thank you for your help. Please call us at (630) 665-7350 if you have any other comments.