

**David P. Violette, D.D.S., P.C.**

34 North Main Street  
West Bridgewater, MA 02379

**Patient Satisfaction Survey**

In an ongoing effort to provide the best service to our patients, we have developed this Patient Satisfaction Survey. We value your opinion and appreciate your feedback.

1. Why did you choose this office?

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2. Please rate the dental staff's professionalism.

Poor     Fair     Average     Good     Excellent

3. Please rate the dental staff's friendliness and helpfulness.

Poor     Fair     Average     Good     Excellent

4. How well were your dental health and recommended treatment options explained to you?

Poor     Fair     Average     Good     Excellent

5. Please rate the appearance and cleanliness of the office.

Poor     Fair     Average     Good     Excellent

6. What level of effort was made to make you feel comfortable?

Poor     Fair     Average     Good     Excellent

7. Please rate your OVERALL satisfaction with our service.

Poor     Fair     Average     Good     Excellent

8. Would you recommend our dental practice to others?

Yes         No (if no why) \_\_\_\_\_

9. How can we improve our service?

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10. Any further comments or suggestions?

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We thank you for your time in helping us provide you and any referrals you may have given us with optimal dental health.