

Patient/Parent Survey

Please help us continually improve our services by letting us know what you think. Take a few minutes to review the following questions and comment on your experience with us. You may leave the survey at the front desk or place it in an envelope and mail it to us. Each survey is reviewed and the results shared with the team.

What was your overall experience with the following?

1. Initial Consultation

2. Office Staff

3. Clinical Staff

4. Information and Care Provided

5. Scheduling and Wait Time

6. How can we improve our services and what most impressed you about our office?
