

How are we doing???

We value your opinion and would like to know how you think we are doing. Your comments and recommendations are part of our ongoing effort to keep focused on providing you excellent care and quality caring.

Please take time to complete the following questionnaire. You may leave the completed form in the box by the reception desk. Unless you specify otherwise, your comments will be kept in strictest confidence, should you decide to sign your name at the end of this survey.

Please circle the response that best represents your experience:

1. When I telephone the office:
 - a. My call is answered promptly.
 - b. There is a long wait before my call is answered.
 - c. There is generally a busy signal on the first try.
 - d. I try several times before my call is answered.
 - e. I generally get a voice mail response that a real person.
 - f. Generally, I do not telephone the office.

2. The person who answers my call:
 - a. Is prompt and courteous.
 - b. Sounds busy, but courteous.
 - c. Sound busy and hurries me.
 - d. Generally, I do not telephone the office.

3. When I visit the office, the receptionist is:
 - a. Warm and cheerful.
 - b. Appears hurried, but is courteous.
 - c. Impolite.
 - d. Generally, I do not speak with the receptionist.

4. When I make appointments:
 - a. I usually get the one I want, at a time that is convenient.
 - b. I usually get my second choice, at a less convenient time.
 - c. I seldom get the time I want.
 - d. It seems impossible for me to get a convenient appointment time.

5. It would help our family in making appointments if:
 - a. There were more late afternoon appointments.
 - b. There were early morning appointments opportunities.
 - c. Appointments could be made in the early evening.
 - d. The appointment times remained as they are now.

6. When you arrive at our office for your appointment (please circle appropriate answer):

| | |
|--|-----------------------------|
| • Our staff is courteous and helpful: | Always Sometimes Seldom |
| • Our staff is neat and nicely groomed | Always Sometimes Seldom |
| • The reception area is neat | Always Sometimes Seldom |
| • Our clinical area is neat & clean | Always Sometimes Seldom |
| • Seen promptly at appointed time | Always Sometimes Seldom |

7. How did you hear of our office?

(Describe) _____

8. If you could change one thing about our practice what would it be?

(Describe) _____

9. If you could change one thing about our staff what would it be?

(Describe) _____

10. If you could change one thing about your orthodontic treatment what would it be?

(Describe) _____

11. What do you like best about our office?

(Describe) _____

12. How important were each of the following factors to selecting our practice for you or your child's orthodontics?

| | Very Important | Somewhat Important | Neutral | Somewhat Unimportant | Very Unimportant |
|------------------------------------|-------------------|-----------------------|---------|-------------------------|---------------------|
| My dentist referred me to Dr. Radu | 1 | 2 | 3 | 4 | 5 |
| Dr. Radu's reputation. | 1 | 2 | 3 | 4 | 5 |
| The office is close to my home. | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| A friend recommended Dr. Radu. | 1 | 2 | 3 | 4 | 5 |
| Initial interaction with Dr. Radu's staff. | 1 | 2 | 3 | 4 | 5 |
| Convenient appointment hours. | 1 | 2 | 3 | 4 | 5 |
| The office is close to my child's school. | 1 | 2 | 3 | 4 | 5 |
| I didn't know of any other Orthodontists. | 1 | 2 | 3 | 4 | 5 |
| The office was close to my place of employment. | 1 | 2 | 3 | 4 | 5 |
| Convenient payment plans were available. | 1 | 2 | 3 | 4 | 5 |
| Treatment, Philosophy (no head gear, non extraction) | 1 | 2 | 3 | 4 | 5 |
| The fee was reasonable | 1 | 2 | 3 | 4 | 5 |

If you will print your name, it will enable us to contact you personally directly regarding your valued comments. Your response will be held in strictest confidence.

Name

Date

On behalf of our entire team, we thank you for taking the time to improve our practice. Your comments are welcomed and valued.

Sincerely,

Elmhurst Orthodontics, the office of Dr. Corina Radu

How Do We Compare? Survey

Our mission is to provide you with the highest quality of care and caring. We don't want to simply be the best orthodontic office. We want to be the best office you visit for health care service. To assist us in accomplishing our mission, we would like to know how you think we compare to other health professionals with whom you have visited.

In the left hand column please rank the factors in terms of importance to you (1 being most important and 12 being least important).

| <u>Level of Importance</u> | <u>Compared to Other Health Professional</u> | | |
|----------------------------|--|-------------|--------------|
| | Better Than | Equal To | Less Than |
| _____ Atmosphere | | | |
| _____ Physical Appearance | | | |
| _____ Caring | | | |
| _____ Accommodating | | | |
| _____ Professional | | | |
| _____ Good Communication | | | |
| _____ Convenient Hours | | | |
| _____ Good Location | | | |
| _____ Payment Plans | | | |
| _____ Trust | | | |
| _____ Cleanliness | | | |

Signing this survey is optional. It can be anonymous, if you wish, or print your name in the space below, sign it and date it.

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Thank you for your time and effort, we welcome and value your comments.
Sincerely, Dr. Corina Radu, D.M.D. and Staff