

Thank You

On behalf of Winnetka Endodontics, we would like to thank you for taking the time to complete the Patient Comment Card. Your opinions and feedback are invaluable to us.

After completing the form, please save the file to your desktop and return to us using any one of the following methods:

EMAIL

Email the document to **info@winnetkaendodontics.com**

MAIL

Print the completed document and mail to:

Winnetka Endodontics
585 Lincoln Avenue
Winnetka, Illinois 60093

FAX

Print the completed document and fax to **847.446.6187**

PATIENT COMMENTS

We hope that you have had a comfortable and pleasant experience in our office. We would greatly appreciate it if you would take a moment to share your impressions of our practice. We are always striving to provide you outstanding service and your feedback helps us do that.

	Excellent	Satisfactory	Unacceptable
1. Your overall experience in our office	☐	☐	☐
2. Flexibility in arranging appointments	☐	☐	☐
3. Handling your phone calls and scheduling your treatment	☐	☐	☐
4. Explanation of treatment procedures	☐	☐	☐
5. Our respect of your time	☐	☐	☐
6. Courteousness & concern of receptionists	☐	☐	☐
7. Courteousness & concern of chairside asst.	☐	☐	☐
8. Courteousness & concern of doctor	☐	☐	☐
9. Professionalism & gentleness of chairside asst.	☐	☐	☐
10. Professionalism & gentleness of doctor	☐	☐	☐
11. The quality of services we provided	☐	☐	☐
12. The value of services we provided	☐	☐	☐

13. Would you recommend our office? Yes ☐ No ☐

14. We would appreciate any comments you have about your experience in our office.

If you wrote a comment, would you be willing to let us use your first name and comments in print for our office information? Yes ☐ No ☐

Name (optional) _____

Referring Doctor name (optional) _____