



WASHINGTON ORAL AND MAXILLOFACIAL SURGERY

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### PATIENT SATISFACTION SURVEY

It is our practice philosophy to continually look for ways to improve the quality of care we provide to patients. Please rate the following items, according to your experience with our office. Additional comments are greatly appreciated. Please return this form to anyone in our staff or you may mail form to: Washington OMS, P.O. Box 13330, Everett, WA 98201.

RANKING: 5 = Excellent 4 = Very Good 3 = Average 2 = Fair 1 = Poor

#### PATIENT SCHEDULING & RECEPTION

- Phone etiquette (quickness, courteousness, professionalism) \_\_\_\_\_
- Amount of time spent waiting on "hold" \_\_\_\_\_
- Scheduling your appointment(s) \_\_\_\_\_
- Check out and payment process \_\_\_\_\_
- Office runs on schedule \_\_\_\_\_

#### OFFICE APPEARANCE & PATIENT COMFORT

- Office is comfortable and pleasant to be in \_\_\_\_\_
- Staff members were courteous and professional \_\_\_\_\_
- Staff members responsiveness to patient's needs \_\_\_\_\_
- Office used precautionary care regarding sterilization, contamination and other hazards \_\_\_\_\_

#### TREATMENT

- Treatment procedures and diagnosis were explained and understandable \_\_\_\_\_
- Doctor provided alternative care options \_\_\_\_\_
- Doctor and staff spent enough time with you \_\_\_\_\_
- Doctor and staff were efficient in delivering high quality care \_\_\_\_\_

#### FINANCIAL

- Billing and insurance explanation or assistance \_\_\_\_\_
- Fees were commensurate to the quality of care received \_\_\_\_\_

#### OTHER

- Doctor and staff have team attitude and communicate well together \_\_\_\_\_
- You feel comfortable in recommending us to family or friends \_\_\_\_\_

Name of doctor that provided your care:  Dr. Hong  Dr. Mahil  Dr. Rode  Dr. Matin

Names of staff members that assisted in your care: \_\_\_\_\_

We welcome your ideas, suggestions and comments on how we are doing and what we can do to make our patients' visits more enjoyable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be contacted regarding your comments?  Yes  No

If yes, please print your name and number where we can reach you: \_\_\_\_\_

THANK YOU FOR YOUR ASSISTANCE!