



Patient Survey

Excellent Care ~ Exceptional Service

Did we meet the grade?

Please fill out this patient survey and enter in a draw for a Family Movie Mill Party (6 people).

Able Dental Group

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Lethbridge, AB T1J 2B9
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Phone: 403-327-7227
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Upon arrival I was greeted courteously.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

I was seated by my appointment time or advised of any delays.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On Time	15 minute wait	30 minute wait	45 minute wait	1 hour wait (or more)

I felt the doctor and team listened and understood my dental concerns.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

I felt that everyone was concerned about my total wellbeing as a person, not just my dental needs.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

I feel I understand the treatment prescribed and all of my questions were answered to my satisfaction.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

Payment options were discussed and financial arrangements made for all treatments.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

Please rate the overall courtesy and friendliness of the office staff and the dental team.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

Please rate your overall comfort level in the office.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

The reception area, restroom and treatment rooms are clean and comfortable.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	2	3	4	5
Needs		Good		Exceptional
Improvement				

I would recommending this office to family and friends.

1 2 3 4 5
 Needs Improvement Good Exceptional

Do you enjoy our Patient Newsletter

1 2 3 4 5
 Needs Improvement Good Exceptional

Do you feel our fees are reasonable

1 2 3 4 5
 Needs Improvement Good Exceptional

Did you clearly understand the discharge/post-op instructions?

1 2 3 4 5
 Needs Improvement Good Exceptional

Did you have treatment done with

Freezing Local Anaesthetic IV Sedation General Anaesthetic

If you selected IVS or GA:

Did the anesthesiologist make you feel comfortable and safe?

0 1 2 3 4 5
 Not Applicable Needs Improvement Good Exceptional

Did the recovery room experience meet your needs? (if applicable) If not please let us know why

Are there any team members you would like to recognize for outstanding care or service?

Additional Comments

Thank you in advance for referring your family and friends!

Patient Information (optional)

Name
 Email
 Phone
 Date of Visit