



770 Piney Forest Road · Danville, VA 24540 · (434) 799-8825 · 19144 US Highway 29 North · Chatham, VA 24531 · (434) 432-8793
5011 Riverside Drive, Suite A · Danville, VA 24541 · (434) 822-0500 · 5011 Riverside Drive, Suite B · Danville, VA 24541 (434) 822-1332
1429 South Boston Road · Danville, VA · (434) 799-5097

We appreciate you taking the time to complete our PATIENT SURVEY. Please comment on the back if you have suggestions as to how we can make your visit better. Any comments you choose to make will be kept strictly confidential and can only help us become better in the future.

Name (optional) _____ Date of Appointment ___/___/___ Morning ___ Afternoon ___

Which of our locations did you visit? ___ 770 Piney Forest Road ___ 1429 South Boston Road (58 East) ___ Chatham Office
___ 5011 Riverside Drive (Upper Level) ___ 5011 Riverside Drive (Lower Level)

How would you rate your overall visit? ___ Excellent ___ Very Good ___ Average ___ Unsatisfactory

When your appointment was over, did you have a good understanding of your diagnosis and recommended treatment?
___ Yes ___ No ___ I wish I knew more about my situation.

Were payment options explained to you and financial arrangements made for your treatment?
___ Yes ___ No

Did you have to wait over 15 minutes past your appointment time to be seated? If so, how long?
___ No, I did not wait over 15 minutes.
___ I waited 15 – 30 minutes past my appointment time.
___ I waited 30 – 45 minutes past my appointment time.
___ I waited over 45 minutes past my appointment time.

If you were not seated by your appointment time, were you advised of delays?
___ Communication Needs Improvement ___ Good Communication ___ Exceptional Communication

If you called to schedule an appointment or ask questions about your account or services offered by our practice, did the staff treat you in a professional manner?
___ Needs Improvement ___ Good ___ Exceptional

When you arrived, did the staff greet you properly and make you feel comfortable?
___ Needs Improvement ___ Good ___ Exceptional
Please provide the name of the greeter, if possible. _____

Did you feel the doctor and team listened to your dental concerns and understood?
___ Needs Improvement ___ Good ___ Exceptional

Please rate the courtesy and friendliness of the doctor. Doctor's Name _____
___ Needs Improvement ___ Good ___ Exceptional

Were the dental assistants and hygienists friendly and professional to you? Hygienist's Name _____
___ Needs Improvement ___ Good ___ Exceptional

What was the nature of your visit? ___ Cleaning/Check-up ___ Fillings ___ Extraction
___ Emergency Visit ___ Root Canal Therapy ___ Orthodontics (Braces) ___ Whitening Visit

Were the restrooms, treatment rooms and the reception room clean and comfortable?
___ Needs Improvement ___ Good ___ Exceptional

I look forward to recommending this office to my family and friends.
___ Yes ___ No

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