



Member Satisfaction Survey Questionnaire

Please indicate your response by checking the 'Yes' or 'No' box		Yes	No
1	Did you feel comfortable discussing treatment with your office?		
2	Were you treated with courtesy and respect during your visit?		
3	Would you recommend this dental office to your family and friends?		

Please indicate your response by checking the appropriate box		Under 10 Minutes	10-20 Minutes	20-30 Minutes	Over 30 Minutes
4	How long was your in-office wait time?				

Please indicate your response by checking the appropriate box		Very Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied
5	How would you rate your ability to make an appointment within a reasonable time?				
6	How would you rate the professionalism of the office staff?				
7	How would you rate the cleanliness of the office?				
8	How would you rate the treatment/services you received?				
9	How would you rate your overall satisfaction with the office?				
10	Overall Experience				

The following information is optional

Name: _____

Telephone Number: _____

E-mail: _____

Completed forms should be sent to:

LIBERTY Dental Plan
 PO Box 26110
 Santa Ana, CA 92799-6110