



Associated Dental Specialists

How Well Did Associated Dental Specialists Perform on Your Patient Visit?

Dear Patient,

As a patient, you are not only important to us, but also our most valued source of information. Because we want to be responsive to your needs for endodontic care and service, your input is essential in helping us to refine quality and shape standards.

To help us evaluate our efforts, we would appreciate your comments about your recent visit. Please take a moment to answer the following questions.

Your responses will help us to maintain the level of excellence you and your general dentist expect and deserve from Associated Dental Specialists.

We thank you for your time and assistance.

Sincerely,

Ronald G. Linaburg, DMD, MSD

Ronald G. Linaburg, DMD, MSD
President

How Well did Associated Dental Specialists (ADS) Perform on your Patient Visit?

Excellent Good Fair Poor

1. Please rate the following for today's visit:

Ease of scheduling an appointment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Courtesy of staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of being seen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental service.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpfulness of staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmosphere.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility overall.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please rate the following services you received:

Receptionist assistance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endodontist services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endodontist attention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Were tests, procedures, and treatments explained clearly so that you understood what was being done and why? Yes No

4. Were insurance questions answered adequately? Yes No

5. Concerning the fees you were charged for services performed:
 Was the total fee explained to you? Yes No
 Were payment plans discussed? Yes No
 Were payment options adequate? Yes No

6. Concerning the Endodontist:
 Was the Endodontist friendly and courteous? Yes No
 Did the Endodontist answer all your questions? Yes No
 Did the Endodontist adequately discuss your problem with you? Yes No
 Did the Endodontist adequately discuss your treatment plan? Yes No
 Were you satisfied with the treatment you received? Yes No

7. Concerning the ADS staff:
 Was the ADS staff friendly and courteous? Yes No
 Was the ADS staff neat and nicely groomed? Yes No
 Was the ADS staff competent and professional? Yes No

8. During your visit, were there any ADS staff or Endodontist who were especially helpful in making your visit a positive one?
 Name of ADS staff, position, or Endodontist:

9. Location of facility visited (check one):
 South Hills Cranberry
 Oakland North Hills
 Monroeville Squirrel Hill
 Robinson

10. Space for additional comments and suggestions:

11. Name (optional) _____

12. Check here if you would like to be contacted regarding your comments.