

Your OPINION Matters

Dear Valued Patient:

The doctors and staff at Associated Orthodontists appreciate your business and thank you for choosing us for your orthodontic treatment.

In order to maintain our high level of service, we ask that you take a moment to complete the survey regarding our practice. Once completed, please return the survey to our front desk. We value your opinion and welcome your comments and suggestions.

Sincerely,

Dr. Bratcher, Dr. Casey, Dr. Cortopassi & Dr. Soderquist

Office Location: _____

- The overall quality of care you received:**
 excellent above average average below average
- Your satisfaction with the process of your treatment:**
 excellent above average average below average
- How would you describe Dr. _____ to friends and family:**
 excellent above average average below average
- The ease of getting through to the office phone:**
 excellent above average average below average
- The courtesy of the telephone receptionist:**
 excellent above average average below average



- Our office hours are:**
 excellent above average average below average
- Timeliness of your appointment:**
 excellent above average average below average
- The front desk staff's communication (explanation of policies, instructions):**
 excellent above average average below average
- The front desk staff's personal manner (sensitivity, courtesy, respect):**
 excellent above average average below average
- The front desk office staff's responsiveness to your concerns:**
 excellent above average average below average
- Orthodontist's communication (explanation of treatment, instructions):**
 excellent above average average below average
- Orthodontist's personal manner (sensitivity, courtesy, respect):**
 excellent above average average below average
- Orthodontist's responsiveness to your concerns:**
 excellent above average average below average
- Clinical Assistant's, _____, communication (explanation of treatment, instructions):**
 excellent above average average below average
- Clinical Assistant's personal manner (sensitivity, courtesy, respect):**
 excellent above average average below average
- Clinical Assistant's responsiveness to your concerns:**
 excellent above average average below average
- The office appearance has been:**
 excellent above average average below average
- Your treatment experience has been:**
 excellent above average average below average
- You feel at home in our office:**
 always often sometimes rarely

*Associated
Orthodontists*
Strengthening Our Community
One Smile At A Time

Testimonials

Please share your comments with us. If you would like, please leave your name so that we may incorporate your comments into our testimonials on our web site.

Why did you choose us for your orthodontic treatment? _____

What impressed you? _____

How can we improve? _____

Additional comments or suggestions: _____

Name: _____

(Optional)

May we use your testimonial on our web site: Yes No