



COMMENT CARD

Dr. Jason Bortolussi

We hope that you have had a comfortable and pleasant experience in our office. We would greatly appreciate it if you would take a moment to share your impressions of our practice. If you would like to fill out your card later and mail it back to us, just ask at the front desk and we will supply you with postage. We are always striving to provide you outstanding service and your feedback helps us do that.

A - Exceeds your expectations B - Meets your expectations C - Needs improvement

- 1. Your overall experience in our office A B C
- 2. Flexibility in arranging appointments A B C
- 3. Handling of your phone calls and scheduling your treatment A B C
- 4. Explanation of treatment procedures A B C
- 5. Our respect of your time A B C
- 6. Courteousness and concern of receptionists A B C
- 7. Courteousness and concern of chairside assistants A B C
- 8. Courteousness and concern of the doctor A B C
- 9. Professionalism and gentleness of chairside assistants A B C
- 10. Professionalism and gentleness of doctor A B C
- 11. The quality of the services we provide A B C
- 12. The value of the services we provide A B C
- 13. Would you recommend our office? Yes No
- 14. We would appreciate any comments you have about your experience in our office.

If you wrote a comment, would you be willing to let us use your first name and comments in print for our office information? Yes No

Name (Optional) _____

Referring Doctor Name (Optional) _____



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