



EXTRACTING INFORMATION ON PROSTHODONTIC AND IMPLANT DENTISTRY

We are always striving to improve our services to you and your patients. In order for us to provide your patients with the highest quality of care, we would greatly appreciate your input on the following:

CLINICAL QUALITY OF SURGICAL CARE	EXCELLENT	GOOD	FAIR	POOR
The overall experience of your patients while in our care?				
Responsiveness to the emergency needs of patients?				
Patients are returning to you for alternating re-care or restorative appointments appropriately?				
Clinical quality of surgical care?				
Clinical quality of restorative work?				
Clinical quality of dental implant care?				
QUALITY OF REFERRAL RELATIONSHIP				
Convenience of referral process?				
Respect and courtesy of our team?				
Response time to your calls and inquiries?				
Volume and timeliness of communications regarding patients?				
General communications between our offices?				

In which of these areas do you feel we could improve our services to you and your patients? Please specify.

- _____ Technically _____
- _____ Diagnostic Skills _____
- _____ People Skills _____
- _____ Financial _____
- _____ Communications _____
- _____ Listening _____
- _____ Education _____
- _____ Other (please specify) _____

Practice Efficiency

Please provide comments on any area of care that you feel met your expectations, or that could be improved to better serve your needs: _____

What topic(s) in prosthodontics would you be interested in learning about? _____

Would you recommend us to other dentists? Yes No

To which office do you most often refer patients needing dental implants? _____

Name: (optional) _____

Thank you for your valuable feedback - Dr. Jason Bortolussi