

Patient Survey



Christopher T. Bart, D.M.D., Inc.

General & Certified Lumineers® Dentist

Providing Family and Cosmetic Dental Services

Dear Valued Dr. Bart Patients,

We strive to provide the best Dental care for you and your family. To do this well, we need your help! We are very interested in your opinions about our dental services. Please take a moment to fill-out the enclosed patient satisfaction survey.

By completing, the survey you will be entered in a monthly drawing to win a \$10 gift certificate.

Thank You In Advance,

Dr. Bart, D.M.D

1) Was Dr. Bart's staff professional and courteous during your dental visit? Yes No

Comments: _____

2) Were you satisfied with the dental services performed today? Yes No

Comments: _____

3) Are you able to always get a convenient and expedient appointment with Dr. Bart? Yes No

Comments: _____

4) When you phone Dr. Bart's office, are your phone calls processed quickly and efficiently through the phone system?
 Yes No

Comments: _____

5) Was the dental service that you had preformed today by Dr. Bart or his staff, the agreed upon service?
 Yes No

Comments: _____

6) Do you consider the dental services that Dr. Bart and his staff perform on you to be at a competitive and comfortable price range for you? Yes No

Comments: _____

7) Did the quality of the dental service meet or exceed your requirements and expectations? Yes No

Comments: _____

8) Were the dental services that you received today performed in a timely manner? Yes No

Comments: _____

9) Do you receive dental check-up & teeth cleaning reminder cards at your household from Dr. Bart? Yes No

Comments: _____

10) Could you give us two names and phone numbers of a family member and/or friend that could also use Dr. Bart's dental services? Yes No

Name/Phone: _____

Name/Phone: _____

11) Do you plan on scheduling dental services from Dr. Bart in the future? Yes No
and if not why? _____

12) What suggestions can you make to help us insure your future dental work?

13) Are there any dental services that you require that we do not offer? Yes No

Comments: _____

14) Are there any changes in our dental services that we can make to better satisfy you as our patient?
 Yes No

Comments: _____

NAME: _____

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

PLEASE FAX YOUR FILLED-OUT SURVEY TO 330.847.7398
OR MAIL TO DR. BART
5153 MAHONING AVE. • WARREN, OH 44483

Thank you for your continued patronage.



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