

HOW'D WE DO?



2921 North Heritage Parkway,
Suite 200
Sherman, Texas 75092
903-892-4535

204 Victory
Bonham, Texas 75418
903-583-5817

Entrance Survey

Date: _____

Printed Name

Signature

Name is optional. However, if we have your permission to use your comments, we must have your signature! Thanks!

How would you rate the **service** you received during:

1. Your first call to our office?
 excellent
 good
 fair
 poor
2. Your time with the treatment coordinator during the exam?
 excellent
 good
 fair
 poor
3. Your time with the doctor during the exam?
 excellent
 good
 fair
 poor
4. Your financial consultation?
 excellent
 good
 fair
 poor
5. Our management of your insurance coverage?
 excellent
 good
 fair
 poor
6. Scheduling at front desk?
 excellent
 good
 fair
 poor

Is there someone you'd like to thank for being extra helpful?

Is there anyone that could've done better?

Comments: _____

We strive to provide **excellent service** to our patients and parents. If you liked our service, please tell others. If not, please tell us. **We depend on your referral of others to our practice.**
Thanks for your time.

Please Place Completed Survey in Box at Front Desk.

Thank You!

*Dr. Lisa Stokes
and Staff*