

Leslie H. Sultan, D.M.D., P.A.



*Diplomate, American Board of Oral & Maxillofacial Surgery
Fellow, American Association of Oral & Maxillofacial Surgeons
Fellow, American Dental Society of Anesthesiology*

Comprehensive Oral & Maxillofacial Surgery Care

Doctors Survey

We are always striving to improve our services to 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:

| | Excellent | Good | Fair | Poor |
|--|-----------|-------|-------|-------|
| Quality of Patient Care | | | | |
| The overall quality of care your patients receive? | _____ | _____ | _____ | _____ |
| Our response time to your emergency patients? | _____ | _____ | _____ | _____ |
| Timeliness of your patients' return for further care? | _____ | _____ | _____ | _____ |
| The quality of surgical care? | _____ | _____ | _____ | _____ |
| Our courteousness and concern for your patients? | _____ | _____ | _____ | _____ |
| Patient's feedback toward their treatment? | _____ | _____ | _____ | _____ |
| Quality of Referral Relationship | | | | |
| Convenience and ease of use of our referral pads? | _____ | _____ | _____ | _____ |
| Our response time to your calls and inquiries? | _____ | _____ | _____ | _____ |
| Correspondence that you receive following patient treatment? | _____ | _____ | _____ | _____ |
| Communication between our offices? | _____ | _____ | _____ | _____ |

How could we improve our services to you and your patients?

Name: (Optional) _____ Would you recommend us to other doctors? _____