



LESLIE H. SULTAN, DMD, PA
Diplomate, American Board of
Oral & Maxillofacial Surgery

**RECONSTRUCTION
SOLUTIONS FOR:**

- BONE GRAFTING
- CORRECTIVE JAW
SURGERY
- FACIAL INJURIES
- IMAGING & VIRTUAL
SURGERY
- IMPACTED TEETH
- IMPLANTOLOGY
- SNORING &
SLEEP APNEA
- TM JOINT
REPLACEMENT

JCAHO
Accredited



Office Based
Surgery Facility

We hope that you 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.

We are striving to be the best we can.

A-Excellent B-Good C-Fair D-Poor

- | | |
|--|---------|
| 1. Your overall experience in our office | A B C D |
| 2. Flexibility in rearranging appointments | A B C D |
| 3. Handling of your phone calls | A B C D |
| 4. Explanation of treatment procedures | A B C D |
| 5. Our respect of your time | A B C D |
| 6. Courteousness and concern of receptionists | A B C D |
| 7. Courteousness and concern of surgical assistants | A B C D |
| 8. Courteousness and concern of the doctor | A B C D |
| 9. Professionalism and gentleness of the surgical assistants | A B C D |
| 10. Professionalism and gentleness of the doctor | A B C D |
| 11. Handling of your financial arrangements | A B C D |
| 12. Comfort of the reception area | A B C D |
| 13. Comfort of the treatment area | A B C D |
| 14. Our response and attentiveness to problems | A B C D |
| 15. Would you recommend our office? | A B C D |
| 16. Do you have any comments that would help us to improve our service to you? | |

Name (optional) _____

Thank you very much for taking the time to complete this questionnaire!

Dr. Sultan and Staff

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