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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? _____