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PATIENT FEEDBACK

We want to know about your experience in our office. Your input will allow us to give you and other patients a great experience at Durango Family Dentistry.

1. When I came in, I was greeted promptly and courteously. Yes No

If not, please tell us what happened. _____

2. I was taken in for treatment within 5 minutes of my scheduled appointment time. Yes No

If not, how long were you in the waiting area before being taken back? _____

3. I was treated with care and courtesy by the hygienist; my questions were answered and I felt I had input in and had my treatment plan explained to me to my satisfaction. N/A Yes No

If not, please tell us what happened. _____

4. I was treated with care and courtesy by the dentist; my questions were answered and I felt I had input in and had my treatment plan explained to me to my satisfaction. N/A Yes No

If not, please tell us what happened. _____

5. On a re-care appointment, the bill at the end of the appointment was what I expected it to be (i.e., what was quoted to me) or if not, it was explained to me to my satisfaction. N/A Yes No

If not, please tell us what happened. _____

6. Overall, I had a good experience at Durango Family Dentistry. Yes No

If not, please tell us why not. _____

7. I would recommend Durango Family Dentistry to my friends, family and co-workers. Yes No

If not, please tell us why not. _____

Name: _____ (optional)

Thank you!