

NORTH MISSISSIPPI
Oral & Maxillofacial Surgery
ASSOCIATES, PA

Date: _____ Doctor: _____ Surgical Assistant : _____

We would appreciate your help in improving our standard of care and quality of service to our patients. Any comments would be greatly appreciated.

1. What are we doing that you liked?

2. Are there any areas that need improvement?

3. Could we have made your visit more pleasant?

4. How would you rate your treatment in our office?

- Excellent
- Very Good
- Fair
- Needs Improvement
- Poor

Comments: _____

5. How would you rate our administrative care (scheduling, insurance assistance, etc.)?

- Excellent
- Very Good
- Fair
- Needs Improvement
- Poor

Comments: _____

Thank you for taking the time to provide us with this important feedback. We feel the quality of patient care is the best indicator of a good practice.

Sincerely,

Doctors and Staff of North Mississippi Oral & Maxillofacial Surgery Associates, PA.