



1. Would you prefer that your answers remain anonymous or do you grant permission to directly attribute your responses?

I prefer that all of my responses remain anonymous.

I'm okay with my responses being attributed to me, specifically.

2. Did you see **Thomas Jefferson, M.D.** at your visit on **10/20/2022**?

Yes, I saw **Thomas Jefferson, M.D.** at this appointment

No, my appointment was with a different doctor or provider

3. Can you please confirm the reason for your visit?

Routine cleaning/Check-up

Visit for a new condition or issue

Follow-up visit for an existing condition or issue

Visit to get a second opinion

Pre-procedure appointment

In-office procedure

Follow-up after procedure

Emergency visit

Unscheduled/walk-in

Other

4. On a scale from 1 to 5 how satisfied were you with the time it took the practice to get your emergency visit worked in their schedule?

1

2

3

4

5

Not at all satisfied

Extremely satisfied

5. Please rate your experience with the **dental assistant or hygienist** during your visit.

Explaining why X-rays are important

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

6. Please rate your experience with the **dental assistant or hygienist** during your visit.

Explaining other services such as whitening or orthodontics

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

7. Please rate your experience with the **dental assistant or hygienist** during your visit.

Overall level of professionalism during my visit

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

8. Please rate your experience with the **dental assistant or hygienist** during your visit.

Explaining the cleaning process

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

9. Please rate your experience with the **dental assistant or hygienist** during your visit.

Overall comfort level during my visit

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

10. Please rate your experience with the **dental assistant or hygienist** during your visit.

Explaining how to take care of my teeth and gums

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

11. Did the dentist find any new issues or conditions that need treatment?

Yes

No

12. Please rate your experience with the **dentist** during your visit.

How well did the dentist explain the risks and benefits of different treatment options?

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

13. Using a scale from 0 to 10, how would you rate **Thomas Jefferson, M.D.**?

0

1

2

3

4

5

6

7

8

9

10

Worst

Best

14. Using a scale from 0 to 10, how likely would you be to recommend **Thomas Jefferson, M.D.** to others?

0

1

2

3

4

5

6

7

8

9

10

Not at all likely

Extremely likely

15. Please provide any comments you would like to make concerning **Thomas Jefferson, M.D.** and click the **NEXT** button to continue (You may have to scroll). ****PLEASE NOTE:** If you have questions about your medical care, please contact the office directly.

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any other answers you have provided will still remain anonymous.

****PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

16. How many minutes did you wait between your **scheduled appointment time** and when you were seen by your doctor or provider?

5 minutes or less

6-15 minutes

16-30 minutes

31-45 minutes

Over 45 minutes

17. Which of the following procedures were completed during this visit? (Check all that apply)

Cavity Filling

Orthodontics

Root Canal

Teeth Extraction

Teeth Implants

Other

18. How satisfied were you with the following parts of your procedure?

The level of pain from the numbing shot

Extremely satisfied

Very satisfied

Somewhat satisfied

Slightly satisfied

Not at all satisfied

19. How satisfied were you with the following parts of your procedure?

Instructions for home care after my procedure

Extremely satisfied

Very satisfied

Somewhat satisfied

Slightly satisfied

Not at all satisfied

20. How satisfied were you with the following parts of your procedure?

The level of pain during the procedure

Extremely satisfied

Very satisfied

Somewhat satisfied

Slightly satisfied

Not at all satisfied

21. How satisfied were you with the following parts of your procedure?

The results after the procedure

Extremely satisfied

Very satisfied

Somewhat satisfied

Slightly satisfied

Not at all satisfied

22. How satisfied were you with the following parts of your procedure?

The explanation of the risks and benefits of the procedure

Extremely satisfied

Very satisfied

Somewhat satisfied

Slightly satisfied

Not at all satisfied

23. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Ease of scheduling this appointment

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

24. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Ability to communicate with the practice on the phone

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

25. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Maintaining patient privacy throughout this visit

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

26. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Being informed about any delays during this visit

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

27. Please rate **Anywhere Medical Associates** in each area for your visit on **10/20/2022**:

Having a comfortable and pleasant waiting area

Excellent

Very good

Good

Fair

Poor

N/A - Does not apply

28. Please tell us how much you **agree or disagree** with each statement about your visit:

The hours at **Anywhere Medical Associates** work for me

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

29. Please tell us how much you **agree or disagree** with each statement about your visit:

Phone and scheduling staff were respectful and courteous

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

30. Please tell us how much you **agree or disagree** with each statement about your visit:

Check-in staff were respectful and courteous

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

31. When you needed an urgent appointment did you get one as soon as you needed?

Yes

No

32. Please add additional information on why you selected 'No' and click the **NEXT** button to continue (You may have to scroll).

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any

other answers you have provided will still remain anonymous.

****PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

33. When you needed a routine appointment did you get one as soon as you needed?

Yes

No

34. Please add additional information on why you selected 'No' and click the **NEXT** button to continue (You may have to scroll).

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any other answers you have provided will still remain anonymous.

****PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

35. Were your treatment goals and needs met through the care received?

Strongly Agree

Agree

Not Sure

Disagree

Strongly Disagree

N/A - Does not apply

36. If my provider left the practice, I was informed about their departure.

Yes

No

37. Please add additional information on why you selected 'No' and click the **NEXT** button to continue (You may have to scroll).

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any other answers you have provided will still remain anonymous.

****PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

38. Using a scale from 0 to 10, how likely would you be to recommend **Anywhere Medical Associates** to others?

0

1

2

3

4

5

6

7

8

9

10

Not at all likely

Extremely likely

39. Please provide any additional comments or suggestions on improvements you would like to make concerning **Anywhere Medical Associates** and our staff, click the **NEXT** button to submit the survey(You may have to scroll). ****PLEASE NOTE: If you have questions about your medical care, please contact the office directly.**

Enter comments here

Check this box if you would like someone at our office to contact you to discuss this specific comment. Any other answers you have provided will still remain anonymous.

****PLEASE NOTE: If you have questions about your medical care, please contact the office directly. If you are having a medical emergency, please call 911.**

Submit

[Privacy Policy \(/PrivacyPolicy.html\)](/PrivacyPolicy.html) | [Terms of Use \(/TermsOfUse.html\)](/TermsOfUse.html)

© 2012 - 2023 MedStatix, Inc | Opt-Out (/u/OAQPC9W6YU2uw-URQjsCNg)