



FAMILY DENTAL CARE, INC.

FDCi Dental Satisfaction Survey

Name (optional): _____ Member ID # (optional): _____

Clinic: _____ Dentist Name: _____ Date: _____

Please select if you Agree, Disagree, are Unsure or Not Applicable to the statements below.

	Agree	Disagree	Unsure	Not Applicable
It was easy to make an appointment.				
I was seen at my appointment time, or given a reason for the delay.				
If having a dental emergency, I was able to get an appointment time that met my needs.				
The dental office was easy for me to get to.				
My proposed treatment was clearly explained to me.				
Any questions I had were answered.				
I was given treatment options (if applicable).				
Dental treatment was completed to my satisfaction.				
I had a positive experience with my dental provider and at this office.				
If needing to call my dental plan the customer service staff treated me with courtesy and respect.				
If needing information or help from my dental plan they were able to give it to me.				

Additional Comments:

What I liked best about the dental provider, office, or dental plan: _____

What I like least about the dental provider, office, or dental plan: _____

In what ways could your experience have been made better: _____