



# Lynn Pierri DDS, MS

Caring Without Compromise™

## REFERRAL SURVEY

Dear Doctor:

Thank you for your referral to our office. Please take the time to fill out this brief survey so that we may better serve you and our patients. Additional comments are greatly appreciated.

5=Excellent    4=Very Good    3=Average    2=Fair    1=Poor

1. Phone Etiquette (Professionalism, Courteousness):	1	2	3	4	5
2. Phone Efficiency (Quickness, Helpfulness):	1	2	3	4	5
3. Overall ease of scheduling your patients' appointments:	1	2	3	4	5
4. Patient satisfaction with our office:	1	2	3	4	5
5. Your office's satisfaction with our office:	1	2	3	4	5
6. Do you receive a written consult report in a timely manner?					
7. Would you prefer an additional phone call as soon as the patient is seen and prior to a written report?					
8. Do you receive a thank you letter and post-op x-ray from us?					
9. Has your patient (or office) reported any problems with our office? If yes, please describe in full below:					
10. Additional Comments:					

*Thank you again for your referral and time in completing this survey. Please fax your completed survey to our office at 631-360-0087 at your earliest convenience.*