

Patient Testimonial Form

Patient Name: _____

Please describe your experience at our
practice: _____

How does your experience in our office differ from past experiences with other
surgeons offices?

Would you recommend our office to loved ones? What would you tell
them? _____

**Feel free to use the back of this form for more writing space or any addition comments. Thank you, sincerely, for taking time to complete this form! We understand that your time is valuable and appreciate your comments!*

I hereby authorize pavlick&reppas, located at 1551 south water street, kent ohio 44240 to use the following patient testimonial on their web site or in any other form of advertising that they see fit. I authorize the use of my full name or initials (please circle one) in connection with the use of this testimonial in any manner pavlick&reppas determines is appropriate. This is including but not limited to their web site, advertising, mailers, etc

Name (Please print): _____

Signature: _____

Date: _____

Please mail the completed form to:

pavlick&reppas
1551 south water street
kent, ohio 44240

You can also share your experience with us on our [Facebook page](#)- find us as "pavlick&reppas oral maxillofacial surgery" or our [google+ page](#). The form can be sent via fax at **330-676-6973** or by e-mail to contact@pavlickandreppas.com. If you have questions, please contact our office at **330-678-6564**.

Patient Satisfaction Survey

It is our practice philosophy to continually look for ways to improve the quality of care we provide to patients. Please rate the following items, according to your experience at our office. Additional comments are greatly appreciated. Please return this form to anyone in our staff or you may form to: 1551 South Water Street, Kent, Ohio 44240.

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

PATIENT SCHEDULING & RECEPTION

RATING

- Phone etiquette (quickness, courteousness, professionalism) _____
- Amount of time spent waiting on "hold" _____
- Scheduling your appointment(s) _____
- Check out and payment process _____
- Office runs on schedule _____

OFFICE APPEARANCE & PATIENT COMFORT

- Office is comfortable and pleasant to be in _____
- Staff members were courteous and professional _____
- Staff members responsiveness to patient's needs _____
- Office used precautionary care regarding sterilization, contamination and other hazards _____

TREATMENT

- Treatment procedures and diagnosis were explained and understandable _____
- Doctor provided alternative care options _____
- Doctor and staff spent enough time with you _____
- Doctor and staff were efficient in delivering high quality care _____

FINANCIAL

- Billing and insurance explanation or assistance _____
- Fees were commensurate to the quality of care received _____

OTHER

- Doctor and staff have team attitude and communicate well together _____
- You feel comfortable in recommending us to family or friends _____

Name of Doctor that provided your care: Dr. Matthew Pavlick or Dr. Sam Reppas

Name of staff members that assisted in your care: _____

We welcome your ideas, suggestions and comments on how we are doing and what we can do to make our patient's visits more enjoyable:

THANK YOU FOR YOUR ASSISTANCE!