

We value your input, comments and suggestions. Please take a minute in letting us know about your experience. This will help us in continuing to improve our patient care.

1) Website was easy to navigate and informative.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
2) Phone communication was pleasant and helpful.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
3) Office location(s) and access was easy. Inside of the office was clean and inviting and relaxing.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
4) Front office personnel were cordial and courteous in your office interaction.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
3) Office location(s) and access was easy. Inside of the office was clean and inviting and relaxing.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
5) Dental assistants were warm, friendly and efficient.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
6) Doctor was knowledgeable and caring. He answered all the questions thoroughly and was skillful and diligent.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
7) My overall experience was excellent and exceeded my expectations.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
8) Based on this experience I most likely will recommend Dr.Eid and Office to all my friends, family and acquaintances.
<input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Neutral <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly Disagree
Can we share your feedback on social network or Web? <input type="checkbox"/> Yes <input type="checkbox"/> No
YOURNAME(OPTIONAL):
In your own words, let us know any issues or concerns you may have about our services or office practices and procedure.

