



Referring Dentist Questionnaire

We appreciate your referrals and want to make the referral process as simple and pleasant as possible. Please take a moment to answer the following questions.

1. Do the patients you refer to us return to you promptly for restoration of their treated teeth?

- Always Generally Sometimes Rarely

2. When they return, do they seem to understand the treatment they received from us?

- Always Generally Sometimes Rarely

3. Are patients satisfied with their endodontic treatment experience?

- Always Generally Sometimes Rarely

4. How can we better encourage our patients to promptly complete their endodontic and restorative treatment?

5. What can I or my staff do to make referrals more convenient for you?

6. What can our office do to better serve your patients?

Name and address (optional)

If you wish to discuss any of these matters directly with me, please call (763) 767-9119.