

Patient Survey

We would like to Thank YOU for selecting McKnight Dental as your dental practice. Please let us know how we are doing in the following areas.

Who were you here to see today?

Dr. Mcknight Michelle Millye Shelly Tricia Caroline

Were you seated on time for your appointment?

Yes No 1 to 5 minutes 5 to 10 minutes 10 to 15 minutes
Over 15 minutes

Did the staff greet and advise you properly?

Yes Not really No I do not remember

When your appointment was over, did you have an understanding of your diagnosis and treatment needed?

Yes Somewhat No Need to know more

Were your billing questions and financial options adequately explained to you?

Yes I already understand No Need to know more

How do you rate our preventive dentistry and hygiene care?

Excellent Good Fair Needs Improvement

How do you rate our restorative and major dental care?

Excellent Good Fair Needs Improvement

How would you rate your overall visit?

Excellent Very Good Average Needs Improvement

Will you refer McKnight Dental to your friends and family?

Definitely, Yes Maybe No I'm not sure yet

We appreciate any additional comments or recommendations you have on individuals, things we could change, new services you would like, or other ways to make you enjoy your dental experience:
