

ROBERT S. DEEVER, D.D.S., P.C.
NICAS YIANNIAS, D.D.S.

25 E. Washington St., Suite 1115
Chicago, IL 60602
Telephone: (312) 726-1899
Fax: (312) 726-1906
Email: Doctrbob1@aol.com
www.drbobdeaver.com

GREAT CUSTOMER SERVICE!

Please help us provide that to you by answering the following questions.

Date _____

Name _____ Please call me (e.g. John, Mr. Doe, Dr. Doe) _____

1. What is the best way to contact you? Email Work Phone Home Phone Cell Phone
- Would you like us to remind you when you have an appointment scheduled? Yes No
- Just contact me once; I'll follow up from there --OR-- I don't mind frequent reminders
- Use the contact method indicated above --OR-- Just send a postcard
2. If you have insurance, how influential is insurance coverage to your treatment decision?
- A lot A little Not at all Some Only what the insurance says
3. We respect that your dental health is only one of many areas in your life that you are balancing. Help us understand where dental health fits into your life right now.
- It's a great time for me to get in "perfect dental health"
- I'd like a perfect mouth, but now is not the time
- I'm generally the "fix it if it's broken" kind of person
- Just patch things
4. What keeps you coming to our office? Or, if you are a new patient referred by another patient, what did that person say about us that made you decide to come here? Check all that apply:
- | | | |
|--|---|---|
| <input type="checkbox"/> Good about staying on time | <input type="checkbox"/> They're nice | <input type="checkbox"/> Dr. Robert Deaver |
| <input type="checkbox"/> Always offers options | <input type="checkbox"/> Convenient | <input type="checkbox"/> Dr. Nicas Yiannis |
| <input type="checkbox"/> Trust treatment recommendations | <input type="checkbox"/> Competent | <input type="checkbox"/> Rachel (Hygienist) |
| <input type="checkbox"/> Very Ethical | <input type="checkbox"/> Doesn't hurt | <input type="checkbox"/> Great Staff |
| <input type="checkbox"/> Fair Pricing | <input type="checkbox"/> Financial Policies | <input type="checkbox"/> Clean Office |
| <input type="checkbox"/> Other: | | |
-
5. New patients: Why are you at a new dentist?
- New to Chicago
- Leaving current dentist. Do you mind telling us why you are leaving your dentist?
- Comments: _____
-
6. Cosmetic Dentistry Important? We don't want to push any treatment you don't want. Are we satisfying your interest in cosmetics?
- Please don't bring it up with me. I'll let you know if I'm interested
- I'm not that aware of cosmetics, but I'm receptive to any suggestions
- I'm a little interested, if it's something simple
- Tell me everything