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*Scan to complete  
from your phone!*



1 – Strongly disagree	4 – Somewhat agree
2 – Somewhat disagree	5 – Strongly agree
3 – No opinion	

## Midwest Oral Surgery's Annual Survey

Dentist's Name: \_\_\_\_\_

Midwest Oral Surgery schedules my patients within a reasonable time frame.

(NO)            1            2            3            4            5            (YES)

Midwest Oral Surgery accommodates emergency patients in a timely manner.

(NO)            1            2            3            4            5            (YES)

It is easy to refer my patients to Midwest Oral Surgery.

(NO)            1            2            3            4            5            (YES)

Midwest Oral Surgery's staff is courteous and helpful.

(NO)            1            2            3            4            5            (YES)

It is easy to get in contact with Midwest Oral Surgery.

(NO)            1            2            3            4            5            (YES)

Midwest Oral Surgery sends appropriate correspondence in regards to patient care.

(NO)            1            2            3            4            5            (YES)

Have you received feedback from patients referred to Midwest Oral Surgery that you can share with us? \_\_\_\_\_

Do you have any feedback about the quality of care your patients receive at Midwest Oral Surgery? \_\_\_\_\_

What can we do to better serve you, your staff and your patients? \_\_\_\_\_

Do you have any suggestions in regards to social events or educational programs you would like to see offered? \_\_\_\_\_

How would you prefer to receive these correspondence in the future?

Mail             Email \_\_\_\_\_



*Scan to complete  
from your phone!*

**Thank you for feedback.**  
**Please Fax completed surveys back to 314-329-3474**  
**or email to [apiel@midwestomfs.com](mailto:apiel@midwestomfs.com)**