DOES OUR PRACTICE PASS THE WHITE GLOVE TEST?

YOU BBE THE JUDGE!

Thank you for taking the time to take this test. We appreciate your feedback and your trust in our kind of comprehensive dental care. Is there something we can do to make our new patient experience even better? Let us know.

OUR GOAL IS TO ALWAYS EXCEED YOUR EVERY EXPECTATION.

PLEASE ANSWER YES OR NO TO EACH QUESTION.

- □Yes □No Is the office conveniently located? ■Yes ■No Is the signage visible? ■Yes ■No Is parking convenient? ■Yes ■No Is the entire office clean and inviting? ☐Yes ☐No Does it have a pleasing aroma? □Yes □No Is the background music pleasant? □Yes □No Is the office cluttered? ■Yes ■No Is the entire dental team well groomed? ☐Yes ☐No Does the team have smiles reflective of the dentist's work? ☐Yes ☐No Did you have a pleasant phone experience the first time you called the practice? ☐Yes ☐No Did you hear informative on-hold scripts describing what the office has to offer you? □Yes □No Did a friendly face greet you upon arrival? □Yes □No Is the dental team warm and friendly? ☐Yes ☐No Do they make you feel comfortable and at ease? ■Yes ■No Did you receive an office tour? ☐Yes ☐No Did someone explain the office technology and its personal benefits? ☐Yes ☐No Did the dentist and/or team clearly explain your treatment options?
- ■Yes ■No Is there a separate room and team member to discuss private payment information?
- ☐Yes ☐No Could you access new patients forms on the practice website?
- □Yes □No Did someone call to see if you knew exactly what to bring to your first appointment?
- ■Yes ■No Did you receive a post-treatment phone call and instructions?
- ■Yes ■No Do the office and doctor offer what they advertise?