

For more detailed information regarding any of these services,
please call:

Dr. David L. Sykes' Office

(609) 653-6300

Fax (609) 653-4204

or

write to:

Dr. David L. Sykes, D.M.D.

524 Maple Avenue

Linwood, NJ 08221

www.DavidLSykes/facebook

- Extraction of Teeth
- Removal of Impacted Wisdom Teeth
- Dental Implants - to replace one or all of your missing teeth
- Outpatient Anesthesia - sedation and general anesthesia (going to sleep) for surgery
- Reconstructive Jaw Surgery - to aid in wearing dentures or placement of implants following trauma or tumor surgery
- Treatment of fractured facial bones following trauma or accident
- Laser Surgery for mouth and facial lesions
- Financial Plans for Elective Surgery

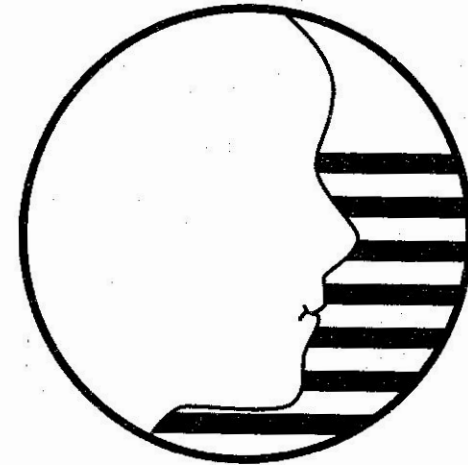
Check Out our Website: www.DavidLSykes.com

Or Visit Us On Facebook at: David Sykes

David L. Sykes, D.M.D. L.L.C.

NJ Specialty Permit #2948

DIPLOMATE, AMERICAN BOARD OF ORAL AND MAXILLOFACIAL SURGERY



*524 Maple Ave.
Linwood, Nj 08221
(609) 653-6300*

To our patients:

Your health and the health of your family is very important to us. We are interested in knowing how you feel about the practice ... the contact you have with us, the quality of care you receive and the manner in which you are treated. The information from this survey will help us to continue to improve our service and quality of care to you, your family and your friends.

Please take a moment to review this questionnaire. After completing your responses, please fold it and drop it into the confidential box provided or return it to the front desk personnel. Your responses will be kept strictly confidential.

Thank you

First Name _____ Last Name _____

Please Circle Your Responses

- 1. Is it easy to make an appointment? YES NO
- 2. Do we answer the telephone promptly? YES NO
- 3. Are you kept "on hold" too long? YES NO
- 4. Are you greeted pleasantly upon arrival? YES NO
- 5. Are you taken to a treatment room on time? YES NO
- 6. Are you seen by the doctor on time? YES NO
- 7. Are your telephone calls returned promptly? YES NO
- 8. Does our staff seem genuinely interested in you? YES NO
- 9. Are you treated with compassion and respect? YES NO
- 10. Does the doctor spend sufficient time with you? YES NO
- 11. Is the doctor attentive to your needs and concerns? YES NO
- 12. Does the doctor answer all of your questions to your satisfaction? YES NO
- 13. Do you receive satisfactory instructions regarding prescribed treatment and medications? YES NO
- 14. Do you receive complete information concerning insurance coverage, co-payments and fees? YES NO
- 15. In an emergency, is it easy for you to get in touch with our office? YES NO
- 16. Are there any areas in communication or treatment you feel we could improve upon? YES NO

If so, what? _____

17. Would you feel confident referring your friends, family members or colleagues to our practice? YES NO
 Why? _____

18. If there is anything we can do to improve our quality of care or service, please use the space provided.

19. If there are any other comments or concerns you would like to share with us, please use the space provided.

Our practice continues to grow with your help. If you have been happy with the care you have received, please tell your family, friends, co-workers, your dentist and physician.

If you have any questions or concerns, please feel free to call our office. Your feedback is very valuable to us!

Sincerely,

David L. Sykes, D.M.D.

*Connie Elwell, PAADOM
 Office Manager*

(609) 653-6300

www.DavidLSykes.com

SIGNATURE (desired, but not required)

For additional information about some of the healthcare treatments our office provides, please see the back page →