

HOW'D WE DO?

**Stokes
Orthodontics**

2921 N. Heritage Parkway, Suite
200

Sherman, Texas 75092
903-892-4535

204 Victory
Bonham, Texas 75418
903-583-5817

Post Treatment Survey

Date: _____

Printed Name: _____

Signature: _____

Name is optional. However, if we have your permission to use your comments, we must have your signature.

1. I am satisfied with the appearance of my/my child's teeth.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

2. The result is better than expected.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

3. I/we feel the orthodontic treatment was worthwhile.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

4. I/we understand the importance of wearing "retainer" appliances.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

5. I/we have received sufficient and adequate information throughout treatment.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

6. I was well informed about the length of the treatment.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

7. If there was a difference between the estimated and actual length of treatment, the difference was acceptable.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

8. I am/we are happy with the patient care I/we received.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

9. I/we would recommend friends and family to Stokes Orthodontics.

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

Comments:

Thank you!

Dr. Lisa Stokes and Staff