



**PAM BERLANGA, D.D.S.**

PRACTICE LIMITED TO PERIODONTICS AND IMPLANTOLOGY  
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## DOCTOR QUESTIONNAIRE

We are always striving to improve our services to you and your patients. In order for us to provide your patients with the highest quality of care, we would appreciate your input. Thank you for your time.

1. Do you currently do any periodontal flap or osseous surgery yourself?  Yes  No
  
2. What do you feel is the major reason for the reluctance of patients to seek periodontal care?  
 Fear of discomfort  Travel distance  
 Lack of understanding  Cost  
 Amount of time  Other (please specify) \_\_\_\_\_
  
3. If an additional specialty referral is indicated, would you prefer:  
 The patient return to your office for the referral.  
 Dr. Berlanga makes the referral.  
 Dr. Berlanga confers with you before the referral.
  
4. To what extent would you prefer to do the presurgical tissue preparation on the patients you refer for periodontal surgery?  
 For all patients.  For a few selected cases.  
 For more than 50%.  For none.  
 For less than 50%.
  
5. During the time the patient is on the periodontist's maintenance system, would you prefer:  
 Dr. Berlanga's office assumes complete responsibility for the patient's periodontal appointments.  
 The patient alternates periodontal maintenance appointments with your office thereby sharing responsibility for the patient's periodontal maintenance.  
 Dr. Berlanga makes the decision for each individual patient.  
Comments: \_\_\_\_\_
  
6. On average, how long do you feel Dr. Berlanga should retain your patient on their periodontal maintenance system following completion of surgical treatment?  
 3 months  Forever  
 6 months  At Dr. Berlanga's discretion  
 9 months  Comments: \_\_\_\_\_  
 12 months
  
7. On occasion a patient is referred for a specific site evaluation but, while doing a legally obligated complete examination, other areas of concern may be discovered. If this were to happen with one of your patients, what would you prefer Dr. Berlanga to do?  
 Consult you prior to the treatment discussion with the patient.  
 Present the findings and treatment plan to the patient and subsequently inform you.

8. Would you be interested in having Dr. Berlanga or one of her staff members present a staff meeting, seminar or clinical workshop on a topic related to periodontics or dentistry?  Yes  No

9. Of the implant systems currently available, which do you prefer?

- Straumann  Zimmer  
 Branemark  Astra  
 Sterl-Oss  Does not matter

10. How important is it to you that you receive progress reports while your patient is in active periodontal therapy?

(not important) 1 2 3 4 5 (very important)

11. Which report format do you prefer?

- Brief clinical  
 Longer narrative  
 Check off list  
 Phone call

12. How effective is Dr. Berlanga in reinforcing your treatment plan to your patients?

1 2 3 4 5  
(Poor) (Average) (Excellent)

Comments: \_\_\_\_\_

13. Based on patient comments, how would you rate Dr. Berlanga's gentleness during the procedures?

(not gentle) 1 2 3 4 5 (very gentle)

14. Based on patient comments, how would you rate the gentleness of her hygiene staff during the procedures?

(not gentle) 1 2 3 4 5 (very gentle)

15. How do you find the quality of Dr. Berlanga's written communication (diagnosis, progress notes, etc.?)

1 2 3 4 5  
(Poor) (Average) (Excellent)

16. Please rate the quantity (frequency) of Dr. Berlanga's written communication.

(too little) 1 2 3 4 5 (too much)

Comments: \_\_\_\_\_

17. Are our referral slips convenient and easy to use?

1 2 3 4 5  
(Poor) (Average) (Excellent)

18. Have your patients indicated that they have been treated courteously by our staff?  Yes  No

Dr. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Phone: \_\_\_\_\_

*Thank You Very Much For Your Participation!*