



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

PRACTICE LIMITED TO PERIODONTICS AND IMPLANTOLOGY  
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We hope that you have had a comfortable and pleasant experience in our office. We would greatly appreciate it if you would take a moment to share your impressions of our practice. We are always striving to be the best that we can.

A - Exceeds your expectations    B - Meets your expectations    C- Needs improvement

- |   |                              |                             |   |
|---|------------------------------|-----------------------------|---|
| 1. Your overall experience in our office                                      | A                            | B                           | C |
| 2. Flexibility in arranging appointments                                      | A                            | B                           | C |
| 3. Handling of your phone calls   | A                            | B                           | C |
| 4. Explanation of treatment procedures  | A                            | B                           | C |
| 5. Our respect of your time   | A                            | B                           | C |
| 6. Courteousness and concern of office personnel                              | A                            | B                           | C |
| 7. Courteousness and concern of chairside assistants                          | A                            | B                           | C |
| 8. Courteousness and concern of Dr. Berlanga                                  | A                            | B                           | C |
| 9. Professionalism and gentleness of chairside assistants                     | A                            | B                           | C |
| 10. Professionalism and gentleness of Dr. Berlanga                            | A                            | B                           | C |
| 11. Comfort of the reception area   | A                            | B                           | C |
| 12. Comfort of the treatment area   | A                            | B                           | C |
| 13. Our response and attentiveness to problems                                | A                            | B                           | C |
| 14. The quality of the services we provide                                    | A                            | B                           | C |
| 15. The value of the services we provide                                      | A                            | B                           | C |
| 16. Would you recommend our office?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |   |
| 17. Do you have any comments that would help us to improve our service to you |                              |                             |   |
|   |                              |                             |   |
|   |                              |                             |   |

18. Would you prefer to be contacted concerning your comments?     Yes     No

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