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Family Dentistry

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Patient Survey

1. How did you find out about us?

- Internet
- Friend (If so, who referred you)? _____
- Pennysaver Ad
- Other

2. What are the most important factors to you when selecting a dentist?

- Dentist Ratings
- Office Hours
- Office Location
- Dental Insurance Acceptance
- Other

3. What caused you to change your dentist?

4. Do you have dental fears that we should know about (if yes, please explain)?

- Yes
- No

5. If the doctor determines that you need dental treatment, what would impact you decision to have the treatment?

- Cost
- Ability to make an appointment
- Comfort level with the dentist
- Severity of problem
- Fear