

Dr. Roy K. King, P.A.
JUPITER ORTHODONTICS

Please print out and mail to:

24 N. LOXAHATCHEE DRIVE • SUITE 4 • JUPITER, FLORIDA 33458
TELEPHONE 561/747-5766
or fax to 561-744-2158

Please take a moment to complete our brief survey

	Exceptional	Good	Fair	Poor
1. Were you promptly and courteously treated? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you find our reception area comfortable? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were you seen on time? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was our staff courteous and helpful? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Would you recommend us to family and friends? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the doctor explain your options in simple terms? *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there any staff member that you feel should receive special recognition? If so, their name(s)				
8. Any comments you have?				
9. Name and address *				
10. How did you hear about us? *				

• Indicates a required field