

How willing would you be to recommend Scenic Rivers to friends and family?

1 2 3 4 5

Less Willing

More Willing

How satisfied are you with your visit?

1 2 3 4 5

Less Satisfied

More Satisfied

If this was your first visit, how did you hear about us?

What could we do better?

Horizontal lines for text input

Thank you for your time



Medical Clinics

BIGFORK

135 Pine Tree Dr. PO Box 135 Bigfork, MN 56628 Ph: (218) 743-3232 Fx: (218) 743-4223

FLOODWOOD

810 Poplar St. PO Box 426 Floodwood, MN 55736 Ph: (218) 476-2221 Fx: (218) 476-2965

BIG FALLS

410 Second St. NW PO Box 218 Big Falls, MN 56627 Ph: (218) 276-2403 Fx: (218) 276-2456

NORTHOME

12052 Main St. PO Box 66 Northome, MN 56661 Ph: (218) 897-5222 Fx: (218) 897-5226

COOK

20 Fifth St. SE Cook, MN 55723 Ph: (218) 666-5941 Fx: (218) 666-5099

TOWER

415 N 2nd St., Suite 2 PO Box 417 Tower, MN 55790 Ph: (218) 753-2405 Fx: (218) 361-3288

Dental Clinics

COOK

12 River St. S Cook, MN 55723 Ph: (218) 666-5958 Fx: (218) 361-3149

TOWER

415 N 2nd St., Suite 2 PO Box 417 Tower, MN 55790 Ph: (218) 753-6061 Fx: (218) 361-3277

FLOODWOOD

601 Hwy 73 PO Box 46 Floodwood, MN 55736 Ph: (218) 476-2969 Fx: (218) 476-1599

BIGFORK

303 Main Ave. PO Box 15 Bigfork, MN 56628 Ph: (218) 743-3600 Fx: (218) 743-1602

This health center is a Health Center Program under 42 U.S.C. 254b, and deemed Public Health Service employee under 42 U.S.C. 233 (g)-(n). It is funded in part by a grant from the Bureau of Primary Health Care and is a private non-profit corporation. This health center is an EOE/AA employer and service provider.



Patient Experience Survey

Dental Office

Helping Us Help You Better

Date: __/__/__

Provider:

Clinic Site:

- checkbox Cook checkbox Floodwood checkbox Tower checkbox Bigfork



Please check the appropriate box for your answer.
You may choose to leave any blank if desired.

What was the wait time to see your provider?

- Under 15 Minutes
- 15 - 30 Minutes
- 30 - 45 Minutes
- 45 - 60 Minutes
- 60+ Minutes

Was the phone system easy to use?

No Yes

Were you able to schedule an appointment in a reasonable amount of time?

No Yes

If this was a hygiene visit, was your cleaning comfortable?

No Yes

Did your hygienist explain the cleaning process?

No Yes

How helpful and courteous was our:

Reception Staff?

1 2 3 4 5

Less Courteous *More Courteous*

Billing Staff?

(Only answer if you interacted with them during your visit.)

1 2 3 4 5

Less Courteous *More Courteous*

Dental Assistant?

1 2 3 4 5

Less Courteous *More Courteous*

Dental Hygienist?

1 2 3 4 5

Less Courteous *More Courteous*

Did your provider seem to know the important information about your dental history?

No Yes

Were a treatment plan and recommendations provided?

No Yes

How satisfied are you with your dental provider?

1 2 3 4 5

Less Satisfied *More Satisfied*

Were you comfortable in our clinic? (temperature, lighting, clean, etc.)

No Yes

If no, please explain:

Do you use our medical services?

No Yes