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O'Fallon  
Chesterfield  
Wentzville  
St. Peters  
Festus  
South County

**\*\*Please circle the appropriate response after each question and add comments as necessary\*\***

1 – Strongly disagree	4 – Somewhat agree
2 – Somewhat disagree	5 – Strongly agree
3 – No opinion	

Dentist's Name: \_\_\_\_\_

Midwest Oral Surgery schedules my patients within a reasonable time frame.

(no) 1 2 3 4 5 (yes)

Midwest Oral Surgery accommodates emergency patients in a timely manner.

1 2 3 4 5

It is easy to refer my patients to Midwest Oral Surgery.

1 2 3 4 5

Midwest Oral Surgery's staff is courteous and helpful.

1 2 3 4 5

It is easy to get in contact with Midwest Oral Surgery.

1 2 3 4 5

Midwest Oral Surgery sends appropriate correspondence in regards to patient care.

1 2 3 4 5

Have you received feedback from patients referred to Midwest Oral Surgery that you can share with us?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any feedback about the quality of care your patients receive at Midwest Oral Surgery?

\_\_\_\_\_

What can we do to better serve you and your patients?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions in regards to social events or educational programs you would like to see offered?

\_\_\_\_\_

Is there anything we could add to the website to improve your referral experience?

\_\_\_\_\_

**Please print and fax completed surveys to (314) 329-3474  
or email to: [apiel@midwestomfs.com](mailto:apiel@midwestomfs.com)**