



Image Orthodontics

DR. RYAN HELMS | DDS MSD

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765-463-6622 | EmbraceYourImage.com

We appreciate you choosing Image Orthodontics and we strive to make your time with us as comfortable and productive as possible. Please take a moment to fill out our survey to provide our office with any feedback regarding your experience with us. We would love to hear about the things that we do that make you smile and encourage any feedback that you may have to help us improve. Thank you for taking the time to let us know how we are doing! If you are willing to share your testimonial for publication, please include your name and sign below.

Please circle the number that relates the best to your experience within the following categories with 10 being highly satisfied and 1 being highly dissatisfied.

INITIAL CONSULTATION	1	2	3	4	5	6	7	8	9	10
FRONT OFFICE STAFF	1	2	3	4	5	6	7	8	9	10
CLINICAL STAFF	1	2	3	4	5	6	7	8	9	10
DR. HELMS	1	2	3	4	5	6	7	8	9	10
INFORMATION PROVIDED	1	2	3	4	5	6	7	8	9	10
CARE PROVIDED	1	2	3	4	5	6	7	8	9	10
SCHEDULING & WAIT TIME	1	2	3	4	5	6	7	8	9	10

Please provide any additional testimonials or suggestions to help us serve our future patients. We would love to hear from you!

PARENT NAME _____

SIGNATURE _____

PATIENT NAME _____

DATE _____