

CUSTOMER SURVEY



DARBY DENTAL SUPPLY, LLC

ACCOUNT INFORMATION:

PRACTICE PROFILE:

Darby Customer Number: _____

Solo Practice

Multiple Practice 2 - 4 Doctors

Name of person filling out Survey: _____

Multiple Practice 5 or more Doctors

Institutional Practice

Phone Number: _____

AREAS OF SPECIALTY: (PLEASE CHECK ALL THAT APPLY)

Fax Number: _____

General Practice

Cosmetic Dentistry

Periodontics

State this office is located in: _____

Orthodontics

Prosthodontics

Pedodontics

Oral Surgery

Office Email address: _____

Do you have more than 1 practice location: Yes

No

About your most recent Darby Order:

What was the date you placed your last Darby order? ____/____/____ When did you receive it? ____/____/____

What was the invoice number? _____

Please use check off boxes for your Answers to Questions 1 - 8.

EXCELLENT

GOOD

FAIR

POOR

1. Was your order complete?

2. Was your order accurate?

3. Was the merchandise in good condition when it arrived?

4. Was your order delivered in the time expected?

5. Please rate the quality of the merchandise you received.

6. Please rate your overall satisfaction with your order.

7. How would you rate the delivery service we used for this order?

What service delivered your order?

UPS

FEDEX

OTHER

8. How would you rate the ease of placing your order?

How was this order placed?

Phone

Fax

Internet

For Survey Questions 9 & 10, please fill in the blank areas where applicable.

9. Would you recommend our products and services to others?

Yes

No

If no, please explain why.

10. How can Darby serve you and your practice better? _____